Clinical Lecture
ON
INCONTINENCE OF URINE.*

Delivered at Leeds,

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GENTLEMEN,—A young woman has just been cured and discharged from ward No. 10, to whose case I shall now direct your farther attention.

The malady under which she was suffering is one of a very distressing kind, and is by no means rare; yet it is one which, like some other functional disorders of the urogenital system, receives less than its proper share of attention, chiefly because the patients labour under a double shame which compels them to secrecy. As in spermatorrhœa, for example, so in the kind of incontinence of urine which closely resembles it, there is a consciousness of pollution which makes it doubly difficult for them to speak freely on a function which under any circumstances is not easily discussed. For the same reasons I contented myself with pointing out the young woman to you in the ward, and deferred any farther remarks upon her condition until I had the opportunity, which her absence now gives me, of handling it freely. Her history is as follows:—

Louisa T——, aged eighteen, has suffered from incontinence of urine at night for many years, as long indeed as she can remember. The recurrence is rather variable; sometimes she may pass a night or two nights without wetting her bed, but this relief is rare; as a rule, on awaking in the morning she finds her bed wet, and she has reason to suppose that expulsion of urine takes place on many nights more than once. This disorder is not only very distressing in itself, but is very injurious to her in her calling as a domestic servant. She came to us in despair on losing her last situation, scarcely hoping to be cured, but driven to seek some new remedy for a disorder which caused so great annoyance both to herself and all those about her. These facts were told to me in private by the girl and her mother when they came first to the hospital. Beyond the nocturnal incontinence I heard but little complaint of her health. The girl had certainly somewhat of the dull and downcast look we see in many epileptics, but she had not suffered from epilepsy. Her menstrual functions were normal. The family history was very imperfect. Every effort had been made to prevent the nightly discharge, but in vain. As in all such cases, the patient had avoided liquids during the latter part of the day, was most careful in emptying her bladder before retiring to bed, and very frequently she submitted to be called up once or twice during the night to pass her urine. In spite of these precautions, which were as fruitless in her case as in others of the same kind, the involuntary ejaculations still occurred during sleep. She believes that she generally loses urine twice during sleep—first about midnight, and the second time early in the morning. It does not appear, however, that she is a very sound sleeper, for her slumbers are easily broken when her mother awakens her for the purpose of natural relief. The long history of the case prevented the suspicion that any such irritants as worms, fissure of the anus, intra-vesical ulcers or calculi, were present; nor, on examination, could any such causes be ascertained.

Such is one example of a malady which is tolerably familiar to those who follow my out-patient practice, where we have generally five or six cases of it on our books. Children are the most common subjects of it; but not rarely it abides until early adult life, as in Louisa T——.

Now let us compare with the case I have just related to you the following, the notes of which have been placed in my hands by Mr. Drake:—Catherine J——, aged twenty-two, a domestic servant, was admitted into my wards during the summer vacation for general nervous debility. When admitted we were made aware that she also suffered from incontinence of urine. By day and night alike her water would dribble almost imperceptibly from her, issuing from the bladder in drops or jets so small that they defied the precaution of using the vessel. If she coughed or made other like efforts more considerable quantities would suddenly escape from her. The incontinence was no worse at night, but was rather less severe, unless by lying on her back she threw the weight of the contents of the bladder upon the neck of it; in which case she had discovered that the incontinence became excessive.

My last patient, Louisa T——, was, as you remember, treated and cured with belladonna. For Catherine J—— belladonna was never prescribed, but liquor strychniæ. In a few days she was thus enabled to hold her water for half an hour, and in a week she recovered almost complete power over the bladder. You will see at a glance, when the two cases are set side by side, how different they are, and how different are the means needed for their respective cure. If we seek a parallel to the case of Catherine J——, we find it in a case of incipient paraplegia now under my care in No. 10: this woman tells us that sometimes her urine escapes from her by day, and that she is always obliged to hasten to the closet the moment a sensation of micturition is felt, or she would find herself overtaken.

But in other cases of paraplegia you may remember that retention of urine is seen, and we have the fear of this dangerous event always before us in the continued fevers. In these cases incontinence, diurnal and nocturnal, may also be seen; and it does not then signify a continual escape of the secretion as fast as it is formed, but rather signifies overflow—the bladder being filled beyond its capacity. A careless practitioner who is unaware of this, and who is not awake to the duty of percussing the bladder daily in such cases of fever or of palsy, may by the neglect of catheterism become responsible for the death of his patient. Here the explanation is simple: the patient in fever is unconscious of the sensation which naturally calls him to micturate; in palsy he also wants consciousness, or he may want power in the muscular coats of the bladder.

If, on the other hand, we seek a parallel to the kind of incontinence seen in Louisa T——, we find it in the spasmodic ejaculations occurring in cases of incontinence of semen. It is a mistake to suppose that incontinence of semen occurs as a consequence of onanism only; it may be due to other causes, and occurs often enough in continent or married men. In both these latter incontinences we have the same element: a sudden spasm, with consequent emission. The fact of emission is of course an accident, the spasm being the primary element; and we find accordingly that in nocturnal enuresis spasm is made manifest when ever so little urine is present, and no doubt occurs at times when too little urine is present to make its effects very evident. You will see that this event then differs in no essential way from epilepsy. Like it, epilepsy tends to recur, in its earlier stages at least, by night; and if there be no secretion voided, it is merely because the muscles involved do not happen to be the continents of a secretion—a difference which is accidental only. Like it, too, nocturnal epilepsy is brought best under control by the use of belladonna.

Let us now consider what are the elements with which we have in all these cases, and in nocturnal incontinence especially, to deal. We have in the bladder two sets of muscular fibres — the one set called collectively the detrusor set, and the other called collectively the sphincter, the two sets being opponent. In addition to this, we have afferent and efferent nerves, connecting these muscles with the sacral plexus, and with a definite region in the spinal cord, which experiment and observation lead us to fix somewhere about the sixth dorsal vertebra, and there they are brought into relation by means of nerve-cells. Other fibres pass onwards to the encephalon, and establish consciousness of irritation, and also that regulating power over the actions of the bladder which endows us with the valuable power of voluntary retention and emission of urine. Supposing, then, that this machinery goes wrong, we have to seek the fault first in the structure of the bladder itself. Such faults do not, however, come under our consideration at present, as we are dealing, not with surgical matters, but with diseases of the nervous system. We shall, then, look beyond the bladder to its innervation, and any one of the following faults is possible: (1) There may be excessive

* This lecture was first delivered about three years ago, and was repeated on Nov. 17th. The cases now related are, however, recent.

irritation or irritability of the afferent nerves; or (2) this may be deficient. (3) There may be excessive irritation or irritability; or (4) this may be deficient. (5, 6) There may be one or other of these opposite states in the nerves communicating between the spinal and the encephalic centre. The efferent encephalic fibres exercise, I say, that moderating action upon the central spinal actions which between the medulla and the heart is called inhibitory; in the latter case the heart is regulated in obedience to the less complex variations of organic actions; in the former case the movements of the bladder are regulated in accordance with the more complex variations of animal actions. When a very powerful impression upon the encephalon paralyses these fibres, we have at once that spasm of the detrusor which we may see in a schoolboy brought up to be whipped. If, on the other hand, the encephalon remaining unaffected, the whipping be upon parts supplied by the sacral plexus, we have excessive stimulation of the afferent spinal fibres, and the same consequent tendency to discharge of energy in the urogenital system.* Worms or fissure in the rectum, uterine disorders, gonorrhœa, phimosis, or ulcers, calculi and acid urine within the bladder, act in the same way. Paresis of controlling encephalic fibres has then the same consequence as excitement of afferent spinal fibres; in both cases the detrusor urinæ, by excitement or by permission, overcomes the sphincter.† Again, if we have regard only to the local efferent nerves, we see that exhaustion of the spinal centre has the same result of instability as exhaustion of its encephalic ally and as stimulation of the afferent nerves. Onanism acts in this way, both in causing frequent daily micturition—*castus raro mingit*—and especially in allowing spasmodic emission of either urine or semen, when during sleep the tension of the weakened spinal centre is no longer reinforced by an active encephalon.‡ In paraplegia we often have both these causes at work. Communication may be broken between the encephalon and the lower cord in the first place, and the spinal centre may be weakened likewise, allowing of priapism, seminal and urinal emissions, and other evidences of instability, in which cases the incontinence is often nocturnal at the outset; or it may be palsied, allowing of the complete incontinence of flaccidity, both diurnal and nocturnal. It would seem that exhaustion of neighbouring centres in the cord may spread to the genito-urinary ganglia;§ for many men who, like Alpine climbers, exercise the legs strongly, but occasionally, are liable to irritability of the bladder, and to nocturnal emission of semen, during the first days of their holiday. When enuresis is due to the removal in sleep of part of the inhibitory action of the encephalon, we have by day what is called continence; but this continence is often imperfect, the patient being obliged to micturate frequently, and to answer the call quickly. Many healthy persons of nervous temperament, many women especially, have this degree of incontinence at night, although their resisting power by day may not be insufficient.

This irritability of the detrusor is generally or always accompanied with ineffectual spasm of the sphincter also; in the female bladder this is readily demonstrated, and in young boys who suffer in the same way the penis is usually half erect during sleep.‖ But in that form of incontinence which is seen in continuous dribbling, we have to deal with the opposite state in both sets of muscular fibres; for, although the urine of such persons is ever escaping from them, yet, on the other hand, they are incapable of projecting it far on a voluntary effort. Dribbling differs from spasmodic incontinence in this—that it occurs as well by day as by night, that the subjects of it are never able to project a strong stream, and that, unlike spasmodic enuresis, it frequently takes place on a sudden exertion like coughing. Many women who have borne children, and whose parts are relaxed, become unable to hold their water when coughing. These cases, and the similar debility we often see in young persons, as well as in those of advanced life, are susceptible of a good deal of relief from the use of strychnine and also of ergot of rye, sometimes one drug and sometimes the other having the advantage.

The treatment of spasmodic or nocturnal enuresis is very different, and resembles closely that needed for seminal incontinence. Everything calculated to stimulate the afferent nerves of the sacral plexus must be avoided. The patient must avoid heating the nerves by taking care to lie on the side, and by the use of a mattress with light bed-coverings. It is right also, for the same reason, to prevent fulness of the bladder at night by abstinence from evening drinks, and by natural evacuations. In persons of this irritable or spasmodic habit, every eccentric cause of irritation to the afferent nerves—such as constipation, worms, uterine disorder, acid urine, and the like—must be removed; and, on the other hand, the tone of the parts must be restored by the systematic use of cold douches to the lower half of the spine. In bad cases a very small opiate or belladonna suppository acts like a charm in soothing the irritability. Especially must belladonna be given also as a medicine during the day or as a pill at bedtime. Children, as Dr. Fuller has shown, will bear belladonna in very large doses; and a little child suffering from nocturnal incontinence was pointed out to you on the last out-patient day whose malady remained untouched until we reached a dose of two grains of the extract at bedtime, when she found relief. Whether the belladonna be given at bedtime or as a daily medicine seems of little importance. Bromide of potassium, which seemed *à priori* a likely remedy, is quite useless. If you can add gentle local faradism to the cold douches, you will find great benefit arise from it; such, at least, was my own experience in two bad cases.

The general treatment needed in these cases is that needed in all persons suffering from instability of the nervous tissues; and as we sometimes find nocturnal incontinence in delicate, nervous children, often, moreover, associated with herpetic eruptions, seminal discharges, epilepsy, weakness of mind and temper either in themselves or in their near relatives, so we must never forget, by the use of our best "nervine tonic," cod-liver oil, of mild preparations of arsenic and of steel, and also of general hygienic measures, to restore that tone in which by nature they are deficient. In thus estimating your duty as physicians, gentlemen, I must, however, remind you that incontinence of urine very often depends on no constitutional habit, but on local disorders. In these cases the nocturnal incontinence is generally associated with more or less distressing diurnal irritation also. My surgical colleagues, and my friend Mr. Teale in particular, have, I believe, drawn your attention to the treatment required under these painful circumstances.

P.S.—Since the above lecture was delivered a very interesting and important note has appeared in THE LANCET by Dr. Thomson, of Peterborough. He was led empirically to recommend chloral as a remedy for nocturnal incontinence of urine, and apparently with great success. We have ample opportunities amongst our out-patients of trying this remedy; and if it answers in our hands as it has done with Dr. Thomson it will supersede belladonna.

Leeds, Nov. 17th, 1870.

* Ita, ut aiunt, solent impudici quidam invitam venerem vergis sollicitare.

† I should not of course advance these novel views unless I thought I had evidence in favour of them; but their proof did not form part of the present lecture.

‡ In such cases it is well known that, even in waking hours, a very slight additional irritation to the afferent (pudic) nerves will upset central tension, and cause seminal discharge.

§ Dr. Handfield Jones, in the last number of THE LANCET, has suggested this weakening of a nerve-centre by exhaustion of its neighbour. Careful clinical watching of such cases would be a kind of experimental physiology.

‖ Herein I must differ slightly from the recently published views of Dr. Burney Yeo (THE LANCET, Oct. 22nd, 1870).

BRIEF NOTES ON SOME OF THE MEDICAL AND OTHER INSTITUTIONS OF LISBON, AND ON LEPROSY.

BY THOMAS B. PEACOCK, M.D.

DURING the last autumn I paid a short visit to Portugal, and I propose in this paper very briefly to describe some of the public medical institutions of Lisbon, and to offer a few remarks on the cases of leprosy which I saw there.

The civil medical hospital is the San José. This is an irregular two-storied building, placed on the top of one of the seven hills upon which Lisbon is said to be built. It is situated in the older part of the city, which suffered comparatively little from the earthquake. It was formerly a convent of the Jesuits, and was appropriated to its present

purpose on the suppression of the Order in 1755. The date of the building, placed over the main entrance, is 1723; but adjoining the hospital are the ruins of a church which was destroyed by fire, and which was built in 1655; and the first foundation of the conventual buildings is said to date from 1593. The hospital affords accommodation for about 800 patients. It is arranged in the form of long and wide corridors, having wards on each side. These vary in size, but generally admit from 30 to nearly 70 patients. Some of them are arranged in the form of a centre with wide aisles at the sides separated by columns and arches, and with a row of beds along the outer walls. The dimensions of one of them, admitting 67 patients, as stated on a board at the end of the ward, were 64·94 metres in length, 14·15 in width, and 5·3 high, thus giving to each bed 72·68 cubic metres, or 2566·33 English cubic feet—a space which is very ample, even in so warm a climate as that of Lisbon. From a report, however, with which I was favoured, it appears that in different wards the space varies greatly, in some being as high as 91·64 cubic metres, in others as low as 19·81, and having a mean of 51·89, or ranging from 3235·8 English cubic feet to only 699·49, and having an average of 1832·23—the former dimension being very ample for all classes of cases, the latter very much too small. This defect is the more serious from the small number of windows in most of the wards. Thus, in that to which I have before referred, in which there were 67 beds, there were only fourteen windows, and in another, admitting 49 patients, only seven; while, however, in others the proportion was larger, in one or more wards there being as many as twenty-two for 34 beds. In consequence of the defect of ventilation thus resulting, notwithstanding the sufficient size of some of the wards, it has been proposed to reduce the accommodation of the hospital by upwards of 200 beds, and to supply the want which would thus be caused by opening another hospital in another part of the city, which, considering the large extent of ground occupied by the town—fully four miles in length—would be, on grounds of general convenience, desirable.

The floors of the corridors are of red tiles, those of the wards of wood; and at the sides of the halls, staircases, corridors, and wards there are large porcelain slabs, reaching to a height of three or four feet from the floor, on which are painted (in blue) religious subjects, and rural and marine scenes. These, the *azulejos* common in Spanish and Moorish houses, give a pleasant air of coolness to the building. The beds are of iron, and the whole establishment was scrupulously clean and well kept. The attendants in the male wards are young men, and in the female, nurses; all are paid servants, no *religieuse* being allowed in any of the hospitals in Portugal. The clinical wards are somewhat smaller than most of the others; and in these the cases treated are selected for purposes of tuition by the professors in the medical school. In addition to the ordinary wards, there are also small private rooms, containing only one or two beds each, and for the use of them a daily charge of from 800 to 1600 reis (3*s.* 7*d.* to 7*s.* 2*d.*) is made.

From a table contained in the report to which I have before alluded, it appears that in the ten years 1852–62 the average rate of mortality of the cases under treatment in the San José and its attached buildings was 6·2 per cent. In the year 1862 there were under treatment in the hospital alone 12,362, and of these 1379 died, and 893 still remained, giving a rate of mortality of the completed cases of 8·9 per cent.

The domestic department of the hospital is, of course, very different from that of a similar establishment in this country; but every part seemed well managed, and the washhouse and drying-rooms are admirably arranged, and are provided with all modern appliances. This department is situated at the back of the hospital, and consists of a large room, chiefly lighted from above. In this there are several large stone tanks full of water. The linen, as brought from the wards, is first steeped in one of them, which contains an antiseptic. From this it is removed into a cylinder revolving by steam-power, from which again it is brought back to another tank, and washed by hand with soap. It is then rinsed in another tank containing pure water, and is thence removed to a centrifugal drying machine, where much of the moisture is got rid of; and it finally only requires to be dried by being exposed in a room heated by steam-pipes and provided with ventilation. This process being completed, and the linen having been ironed, it is taken into a side room to be examined and repaired, and is then carried back to the wards. At the back of the hospital there is also, as in many continental hospitals, a building containing separate cells, in which the bodies are placed when they are removed from the wards; and immediately in front of each body is a string, which on the slightest touch sounds an alarum. In hot climates, where decomposition is so rapid that the removal of a body from the ward immediately after death is supposed to have occurred, is imperatively required, an arrangement of this kind is necessary, as it may well happen that in some cases a patient may be removed who is not really dead; and in answer to inquiry I was told that an instance of the kind occurred about eighteen months ago.

The Medical School of Lisbon is in connexion with the hospital. The building for this purpose consists of a series of rooms, most of them of only one story. There are three lecture theatres—one for medicine and materia medica, one for anatomy, and one for public addresses and for the conferring of honours on the pupils. The dissecting and post-mortem room is of large size, and lighted from above; and the tables are of marble, and provided with a supply of water and every convenience for cleanliness. Adjacent are the injecting-rooms, a laboratory for the demonstrator, and a museum of anatomy, in which there is also a small collection of morbid preparations. Dr. Silva Amado, the conservador, spent much time in showing me the more interesting specimens which it contained. One of them was a case of true aneurism of the left ventricle of the heart. The aperture from the ventricle was situated in the anterior wall, and was about the size of a half-crown or florin; and the tumour itself, which projected in front of the ventricle, was fully the size of an orange, and was lined by laminated coagula. The subject of the disease was a man fifty years of age. Another preparation was one of an aneurism of the apex of the left ventricle, in which the thickening of the endocardium and the fibroid degeneration of the muscular substance were well shown. In this instance the patient was a man forty years of age. A third specimen afforded a very characteristic example of congenital stenosis of the orifice of the pulmonary artery. It was removed from a cyanotic boy, who survived to the unusual age of sixteen; and, in addition to the disease of the pulmonary valves, there was an aperture in the septum of the ventricles, and the foramen ovale and ductus arteriosus were both pervious. A fourth preparation was stated to be one of absence of the aorta, its place being supplied by a branch from the pulmonary artery. As the specimen was not removed from the bottle, I was unable fully to examine it; but, from the extreme rarity of deficiency of the aorta, and the comparative frequency of the similar defect in the pulmonary artery, it seems more probable that the absent vessel was the latter artery, and the trunk which still existed the aorta. The child which was the subject of the malformation only survived birth for a short time. Besides these very interesting cases, I was shown one of a polypus growing from one of the folds of the mitral valve, another of a tumour of one of the columnæ carneæ, and several cases of defect and redundancy in the number of the aortic and pulmonic valves. Dr. Amado also exhibited a specimen of muscle containing trichinæ, and stated that he had published the case in *Robin's Journal*. It was, I understood, the first case of trichinosis which had been placed on record in Portugal. Above the museum is the medical library. This contained a large collection of books, the more modern being chiefly by French writers; but there were also a few English works and some periodicals. Near the San José, and under the same management, is the Hospital San Lazaro, which is devoted to the reception of cases of leprosy. It is an old, one-storied building, containing four wards, three for men and one for women, and it is capable of accommodating about forty patients. It is under the medical charge of one of the physicians of the San José. In addition to these strictly medical institutions there are also in Lisbon hospitals for the army (Do Exercito) and for the navy (Da Marinha), and for venereal diseases (Do Desterro). The latter institution accommodates about 200 patients. The lunatic asylum, the Hospital de Alienados em Rilhafolles, like the San José, is a suppressed convent. It affords accommodation for between 400 and 500 patients, and though, being an old building, it can-

not compare with the newer establishments of the same kind in this and other countries, it appeared to be well managed, and to be conducted on the modern system. I did not observe any appliances for restraint in the wards, though I was told that they make use of the strait-jacket. A maniacal patient was in a padded room when I visited the asylum. In connexion with the institution there is an admirable bathing establishment; there is also a good garden for the patients to take exercise in, and a small theatre is provided where performances take place for their amusement. Altogether much seemed to be done to alleviate the condition of the patients, and the establishment had very much less of the prison-like character than some which I have gone over.

(To be concluded.)

THE DIFFUSION OF SCARLET FEVER BY THE LAUNDRESS.

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AT the beginning of this year the in-patient department of the Birmingham Children's Hospital was removed to a much more suitable building and locality than it had previously enjoyed. This division consists, as formerly, of a contagious and a non-contagious department. Into the former only cases of scarlet fever and diphtheria are admitted. Its beds amount to thirteen. Occasionally, under great pressure, fourteen or fifteen patients have been at one time in the contagious ward. The precautions taken in order to ensure the isolation of the inmates of the ward appear to me to be as complete as the circumstances will admit of.

In our old building, though very ill-fitted for a hospital, the diffusion of scarlatina among the ordinary patients was exceedingly rare. In fact, as about five hundred children under ten years of age passed through the general beds annually, we were entitled to declare that the chance of one of them catching this disease was not appreciably greater than is incidental to the same number of young children taken indiscriminately. The washing of the clothes was done outside the establishment for several years before we quitted the building at the end of 1869; that belonging to the scarlatina ward being sent to one laundress, and that belonging to the general cases to another.

Scarcely had the institution been transferred to its new abode when the medical officers were alarmed at the frequency with which scarlet fever made its appearance in the general wards, both medical and surgical. As the year advanced the evil increased, and several cases of operation were followed by more or less severe attacks of the disorder. From July 21st I am enabled to give an exact account of all the cases, having had the advantage of a report furnished by the present resident medical officer, Dr. Underhill. For convenience, I have placed them in the following tabular form:—

No.	Name of ward.	Date of admission.	Date of transference to contagious department
1	Ward 5	(sister of ward)	July 26th.
2	Ditto	July 21st	Aug. 4th.
3	Ward 6	Aug. 8th	Aug. 18th.
4	Ditto	Aug. 9th	Aug. 26th.
5	Ward 5	Aug. 22nd	Aug. 26th.
6	Ditto	Aug. 12th	Aug. 26th.
7	Ward 1	Aug. 20th	Sept. 8th.
8	Ward 5	Sept. 3rd	Sept. 12th.
9	Ward 1	Sept. 12th	Sept. 19th.
10	Ward 1	Sept. 22nd	Sept. 28th.

It was to no purpose that the medical officers consoled themselves with the reflection that all the cases caught in the hospital were followed by recovery. That ten cases of scarlet fever occurred in the general wards in but little more than two months was in itself a very painful circumstance, and could not but engender reflections on the management. Attention was directed to the subject, and the first thing investigated was the washing department. The whole of the washing was executed in the laundry of the hospital, lying immediately behind the centre block. The drying yard lay immediately behind Wards 1 and 5. Ward 6 closely adjoins Ward 5; and both these wards are under the charge of the sister who was the subject of the first case. The whole of the clothing of the contagious ward was taken first to a tub in the garden contiguous thereto, in which was regularly placed some Condy's fluid. From time to time the foul linen, which had been subjected to the action of the fluid, was removed to the laundry, where it was washed on a different day from that on which the clothes of the general wards were done. It is, however, important to notice that the whole washing process took place in the same room, and was performed by the same persons. At the same time and in the same room that the non-contagious clothes were being folded and mangled, the contagious clothes were washed. This is the utmost limit of their separation that can be admitted, and it is probably more than actually existed. On the 16th of September chloride of lime was put into the wash-tub of the contagious clothes instead of Condy's fluid; but a full consideration of the remarkable immunity from scarlet fever in the old building, where no washing was done during the latter period of its occupation, induced the medical officers to order that the contagious clothes should be sent away from the institution to a laundress who took in no other washing, the ordinary clothes being washed in the hospital laundry as usual. This order took effect on the 28th of September. From that date no case of scarlet fever has occurred in the wards. Ten cases broke out between July 26th and Sept. 28th, when the clothes of the contagious department were washed and dried in the institution. Between this last date and the present day (Nov. 22nd), being seven weeks and six days, no case has occurred; no circumstances having intervened different from those previously existing, with the exception of the withdrawal of the clothes of the contagious ward from the laundry.

These facts give a strong support to the opinion of many sanitary authorities, that the laundry is a means whereby scarlet fever is greatly propagated. It would be a wonder were it otherwise, for nothing is better established than the tenacity with which the contagium of scarlet fever adheres to clothing. Unfortunately, this knowledge has been to a great degree sterile of practical good owing to a reliance on certain methods of disinfection. Neither the Sanitary Acts nor private practitioners give the instructions which the urgency of the matter demands. Mr. Simon complains, in his twelfth Report (page 14), that "householders should at their discretion send infected wash-things to common laundries." In his "Memorandum on Precautions to be taken against Scarlatina," he speaks of the necessity for using a strong disinfectant fluid in the room, and directs that "handkerchiefs and other like articles, as soon as fouled by the patient, should be well scalded with boiling water, or immersed in the disinfectant fluid." It is to be presumed that the learned author believes that after this process has been carried out the articles may be safely transmitted to the laundress, as he does not forbid such transmission. The Sanitary Act of 1866 supports this presumption. More recently Dr. Whitmore, of whose exertions in connexion with this subject I wish to write with respect, has issued a memorandum containing a definite statement upon the matter. His third instruction is as follows: "A large vessel containing water, into which has been poured either Condy's fluid or the solution of chloride of soda or lime, should be kept in the room, and into this all the bed and body linen, as soon as it is removed from the patient, and all soiled towels &c. should be placed. Having been kept there some time, the things may be removed and sent to the laundress." I believe that there is no set of instructions in this country, whether published by individuals or by institutions, which does not either state or imply that it is safe to send disinfected clothing to a laundress. Sanitary legislation is based on this presumed safety. But the facts I have collected show that the temperature of boiling water is not sufficient to destroy the contagium of scarlet fever, even after the articles washed have been previously immersed in water containing Condy's fluid, in the manner, at any rate, in which that immersion was conducted in the Children's Hospital.

An interesting question now arises: did the evil result from the mixture of the clothing of the two departments, or from the carriage by the air of the contagium direct

from the drying infected clothes? I must speak with caution on a question of such vital importance, but there are many facts which tend to prove that the latter was the more efficacious mode of transmission. There are two wards—Wards 3 and 4—placed at the furthest distance from the laundry and drying-yard, and separated, moreover, from these last by the kitchens and out-buildings of the hospital. Now, though the first of these wards is over the scarlatina ward, and is the largest of the general wards, its comparative freedom from the malady early attracted attention. It will be noticed that not one of the cases tabulated occurred in these wards. But if the infection of the general clothing, by contact with that belonging to the contagious department, was the chief means of propagating the malady, this difference would have been hardly likely to occur. There are two circumstances which support this conclusion. It was noticed that the cases which caught the disease were almost always on the side of the ward next to the laundry. The other circumstance is, that towards the end of July a wall about eight feet high, situated in the drying-yard a few feet behind Wards 1 and 5, was removed. It is certainly a remarkable incident that these wards and Ward 6, all in the same wing, presented immediately an outbreak of scarlet fever. Ward 1 is on the ground floor, and three out of the four cases in September broke out here. Such facts demonstrate the dangers incurred from transmitting infected clothing along the streets in carts, trains, or by hand; but they are not sufficient to warrant the assumption that the admixture of infected clothes with those uninfected is otherwise than highly dangerous. The same air which carries the contagium from the infected clothing to a sound person conveys it to his clothes, and mediately to himself. It is probably owing to the operation of both these modes of transmission that in certain suburban districts, where laundresses abound, scarlet fever is commonly prevalent.

I find in the laundry the explanation of two facts. One of these is the circumstance lately adverted to in the journals, that it is more easy to control the spread of scarlet fever among the poor than among the rich. The poor wash their clothes at home; the rich send theirs away, and what occurs to them from that moment is entirely unknown to their owners. The extraordinary spread of scarlet fever of late years is fairly ascribable to the greater infrequency of home-washing. In the middle classes it was nearly the universal custom at the beginning of this generation to have the washing done at home. The "washing-day" is gone, but it lives in many a homely ballad. Sanitary science may find it indispensable to bring it back again. The other fact concerns the actual appearance of scarlet fever in families. Now though, to use Mr. Simon's words, "of this subtle and destructive contagium we know no other birthplace than the human body," it is certain that outbreaks of it happen over and anon in private families which the most careful scrutiny does not enable us to trace to their source. This is not all. One of the most frequently observed events in the disease consists in its nearly simultaneous outbreak among three or four of the same family. It is common to be called to a household containing several members at nearly the same stage of the disorder. The notion that one caught it from the other is thus forbidden. Some common cause has been in operation, and what more likely common cause exists than the linen, changed on the same day in most families, itself infected by contact with the linen of another family residing perhaps ten miles off? I will now sum up the practical inferences from these facts and reasonings.

It is at least as necessary to isolate the clothing as the person of a scarlatina patient. In private families of good means all articles used by such a patient should be burnt. This may turn out to be the only sure means of rendering the clothing harmless. In order to permit of this being done in families of more moderate pretensions, it should be a standing household rule that complete sets of clothing, too much worn for daily use, should be preserved for employment in the sick room of the infectious patient. No more valuable present could be made to a poor neighbour undergoing such a trial. Where the clothing is not burnt it should be washed on the premises, whether it be subjected to ordinary disinfectants or otherwise. Less reliance should be placed on these latter than upon exposure to a great heat much above that of boiling water, and upon their isolation from other clothing for a considerable period. Probably the most effective procedure would consist in thorough washing with soft soap, subjection to the fumes of burning sulphur and to the heat of a common oven, followed by their exposure for several days before a large fire. Under no circumstances should they be sent to a laundress.

In public institutions, as schools and children's hospitals, the linen of contagious cases should be methodically disinfected, as far as possible, before it is removed from the room of the patient. It should then be sent to be washed by a person who takes in no other washing. She should be either a spinster or without children. She should be warned of the nature of the case, and instructed to take every precaution against the diffusion of the disease. Similar measures to those mentioned in the last paragraph should be employed in this case.

The 38th section of the Sanitary Act (1866) declares, in reference to infectious disorders, that "any person who without previous disinfection gives, lends, sells, transmits, or exposes any bedding, clothing, rags, or other things which have been exposed to infection from such disorders, shall, on conviction of such offence before any justice, be liable to a penalty not exceeding £5." But how and where is the disinfection to be done? Who is to certify that it has been sufficient? The only proof of the disinfection of linen is, that it does not infect. Let it be assumed that chloride of lime and carbolic acid destroy the contagium of clothing, how are we to be sure that the proper agent has been employed, in the proper quantity, for the proper time, for *all* the infected articles, and that the result is the purity of those articles? It is idle to demand a condition often unattainable in real life, and where attainable difficult to attest. If to this it is added that the operation of disinfectants, however skilfully used, cannot be said to be beyond the reach of doubt, we shall understand how grave a responsibility is taken when sanitary legislation permits the transmission of so-called disinfected linen to the laundress.

It is true that the Sanitary Act has remedied the imperfections in previous Acts, and declares (in the 23rd Section) that "the nuisance authority in each district may provide a proper place, with all necessary apparatus and attendance, for the disinfection of woollen articles, clothing, or bedding which have become infected, and they may cause any articles brought for disinfection to be disinfected free of charge." But this Section merely gives power to nuisance authorities to provide a suitable place; it does not compel them to establish it. When set up, it does not compel the poor to send their clothing to the place. The consequence of these omissions is, that the Section is a dead letter, and gives an air of reality to something very different. Even if the authorities were compelled to institute a disinfecting building, and the public were compelled to send to it their infected clothing, the evil attendant upon their transmission remains.

Inadequate, however, as are the Public Health Acts, they deserve the attentive study of the medical profession. It is to be deplored that they are permissive when they should be compulsory; that the authorities for carrying them out should be so varied. It is to be regretted, too, that a well-instructed and humane Government does not exercise a firmer influence over the anarchy, the greed, the ignorance of local governing bodies. But the energetic use of the powers given by the Acts would enable medical men to confer benefits on the public, the value of which defies estimation.

Birmingham, November, 1870.

HOSPITAL SUNDAY. — On Sunday week sermons were preached and collections made in the churches and chapels of Richmond, and in the churches of Kew, Petersham, and Twickenham, in aid of the funds of the Richmond Infirmary. The sum realised from this source in 1868 was £128; in 1869, £217; and in the present year not more than £140, showing a great decrease on last year, which is owing to the large sums collected in the neighbourhood for the National Society for the Sick and Wounded, and for the *Captain* Relief Fund. On this account some of the collections have been deferred till next year, affording another instance of the diversion of the support usually accorded to home charities.——The collection at the various churches and chapels at West Bromwich, on Sunday, the 30th ult., produced upwards of £130. The infirmary is to be opened early in January.

ON THE CURE OF THE CHRONIC PERFORATING ULCER OF THE BLADDER BY THE FORMATION OF AN ARTIFICIAL VESICO-VAGINAL FISTULA,

AS PRACTISED BY THE LATE SIR J. Y. SIMPSON.

BY LAWSON TAIT, F.R.C.S.E.

MUCH as Sir James Simpson did to advance the profession to which he was devoted, it is to be feared that there has died with him a great deal that would have been of infinite value to humanity had it been saved for us. Active as he was in recording, and indefatigable in making research in the art of healing, those who knew him can easily understand that there were numberless observations made and conclusions arrived at by him which have been left unpublished. It is with the view of saving a little of these that I venture to refer to two cases in the treatment of which I was associated with him, and in which the successful operation employed was a device original with him, and, as far as I have yet been able to discover, quite new in the annals of surgery. Of these cases I have no accurate and detailed notes. I may therefore be pardoned if I only briefly, and, as far as details go, perhaps rather succinctly, narrate the cases.

The first was the case of a young unmarried woman who had been in robust health until her bladder symptoms commenced. These consisted principally of intense pain round the neck of the bladder, bad at all times, but especially so during the act of micturition. A few minutes of comparative ease was obtained after the bladder was emptied; but the pain steadily increased as the viscus became distended, and she had again to pass through the terrible ordeal of its evacuation. This state of matters went on for many months, and every kind of sedative treatment was adopted, all kinds of injections into the bladder tried, and the ingenuity of her many medical attendants taxed to the utmost, without avail. The urine was always alkaline, but only slightly so; and it contained but a very small quantity of pus, with a trace of albumen. She at last was placed under the care of Sir James Simpson; and, as we came one day together from her bedside, he reasoned to the effect that the indication in her case was to put the bladder in a state of complete physiological rest; and to secure this it would be necessary to establish an artificial fistula. He carried his idea into execution, and with the most brilliant result; for the pain was at once relieved, and in a few weeks the ulcer was healed, the fistula closed, and the woman returned to her country home perfectly recovered.

The second case was that of a sempstress who, if I remember rightly, was a long time under the care of my friend Dr. Warburton Begbie, and was transferred by him to Sir James's ward in the Edinburgh Royal Infirmary. All other treatment having failed, an artificial fistula was established, with a result equally satisfactory as that obtained in the other case.

The pathology of these cases is well illustrated in another which is now under my care, in the person of a lady who has come to me from a long distance to be the subject of this operation. She is a young married woman, and had been in perfect health until her marriage, five years ago. She has had no children, and has suffered for more than four years with symptoms perfectly similar to those described in the first case. The only relief she obtains is from the injection of a strong solution of nitrate of silver, and the administration of this is so painful that it has to be effected under chloroform. Under my direction a catheter has been introduced into the bladder in order to imitate the condition arrived at by the establishment of a fistula, but the instrument cannot be retained more than a few minutes; and I know of nothing short of the fistula which will cure her.

The performance of the operation is easy enough: it is effected by introducing a grooved staff along the urethra, and slitting-up the posterior fourth of the canal and about an inch of the posterior wall of the bladder. There is no difficulty in getting the fistula to close after the ulcer has healed; the difficulty is to get it to remain open long enough. The *rationale* of the operation is quite philosophical; but in principle it is unlike anything in surgery with which I am acquainted, except the establishment of an artificial fistula in the male perineum in order to promote the successful performance of an extensive urethroplastic operation, which Sir Henry Thompson was kind enough to show me a few months ago.

The special form of ulceration by which these three women have been affected is referred to briefly by Rokitansky as a limited perforating ulcer; and, as I was once fortunate enough to be present at a post-mortem examination of a fourth case, in which the pain had caused death, I am in a position to verify that distinguished pathologist's views. In anatomical characters, as well as in semeiology, the ulcer closely resembles the perforating ulcer of the stomach; and Rokitansky tells us that in the bladder, as in the stomach, one of the means of the fatal issue is by complete perforation ending in peritonitis. It is somewhat curious that all of the four cases which have come under my own notice have been women, and comparatively young—circumstances which, together with others, remove it far from the ordinary catarrhal ulceration of the mucous membrane of the bladder. Of many post-mortem examinations of cases of the latter disease which I have made, I do not remember ever to have seen one in which the muscular coat was affected; the mucous coat seems to be invariably dissected cleanly off the subjacent tissue, and the ulceration is limited neither in extent nor locality. The perforating ulcer seems most frequently to exist at the neck of the bladder.

I have never met with or known of a case resembling these in a male patient. Were such a case to occur, should we be warranted in cutting him as if we wished to remove a stone from his bladder? I believe we should; for, if the disease is so terrible in a woman, what must it be in a man? and how much less likely the latter would be to derive benefit from any other form of treatment.

In surgical practice, as in almost everything else, it is extremely difficult to introduce anything really new, and it may prove that this treatment for the perforating ulcer of the bladder may not be so novel as I suppose it to be. It cannot, however, be very generally known; and if by making these two cases of Sir James's public I shall at any time be able to place in the hands of any of my brethren a successful means of treating a terrible disease, my object will be accomplished.

Waterloo-street, Birmingham, Oct. 1870.

WHAT WE OBSERVED DURING A RECENT VISIT TO THE SEAT OF WAR.

BY
CHARLES ORTON, L.R.C.P. ED.;
AND
WILLIAM DUNNETT SPANTON, M.R.C.S.,
SURGEON TO THE NORTH STAFFORDSHIRE INFIRMARY.

(*Continued from p. 702.*)

WE next visited the Model Hospital at Bingen. To begin with the station of Bingerbruck, we noticed that the arrangements for receiving the wounded were even more perfect than elsewhere. A restaurant in the station was arranged as a surgery, in which those patients who needed it had their wounds dressed, bandages readjusted, food &c. given them before being sent on to their destination. For it must be remembered that some, indeed most, of these poor fellows had to travel from one to two hundred miles; and although everything was done which ingenuity and humanity could devise to mitigate their suffering, this must have been to many of them a severe trial. One object of the Bingen Hospital, established by Dr. Thudichum, is to waylay some of these cases—the more interesting ones we were told; but let us charitably hope rather the more severe ones, whether interesting or not. At any rate those we saw served to confirm the latter view.

The hospital (if such a term can fairly be applied to it) s situated on the Rochusberg—a hill about 250 ft. above

the Rhine, and more than a mile and a half from the station of Bingerbruck. It was a stiff forty minutes' walk. Why it might not have been placed somewhat lower down we could not understand; but we came to the conclusion that if the officers in charge had to descend many times a day, they will not be long before they wish it were at a somewhat lower elevation than it is now. If the comfort and convenience of the wounded soldiers are to be studied, surely easy access ought to be the primary consideration. After a railway journey of considerable length, it will not tend to improve a compound fracture or a severe case of fever to be carried up such a long steep hill.

The International Field Hospital, as it is termed, is situated in a field overlooking the Rhine, and bounded on the west by the Rochus Hotel. This building was used at first as the hospital, the upper rooms being made into wards, the lower ones being, as they are now, adapted to stores. The kitchen is an out-building of the hotel. On the western side the field is enclosed by wooden hoarding, and on the other sides by a strong hedge of fur twigs and poles. This protection was found necessary to protect the tents from being blown away into the river below!* The field has been well drained by means of hard glazed pipes, which receive the waste water of the sinks. The liquid is carried into a distant shrubbery, where it is absorbed. No solid matter of any kind is allowed to enter the drains. At the entrance to the field is a porter's lodge, made of wood; and near this another building used as a store for spare tents, poles, &c. There are eighteen tents, each thirty feet long and sixteen feet wide, arranged in two rows, with a wide path between them. The tents are pitched on a wooden floor, raised about eighteen inches from the ground, and surrounded by a trench, over which a little wooden bridge leads to the entrance. The sides of the tents are boarded; the canvas sides are securely fastened to the floor, as the wind is too strong to allow of their being free. The doorway is made by unhooking one part of the tent, which is double. Ventilation is secured by means of a pipe leading under the bridge to the centre of the tent, and also by means of a small aperture in the roof, about six inches wide, with a canvas cover, which can be shut or opened by means of a string inside. In each tent is a close stove, from which the smoke is carried under the flooring to the outside. The result of this arrangement is that, if the wind be fickle, the smoke is driven back into the tent, so as almost to suffocate the inmates, as there is no other outlet for it. The atmosphere of the tents was, when we visited them, decidedly stuffy and close—it was certainly a very warm day; and, on the other hand, we learned that at night the temperature frequently fell as low as 5° Cent. (40° Fahr.) The mean temperature during the day was 25° Cent. (i.e., 85° Fahr.) The reason of this is that, the patients often complaining of feeling shivery, there is a temptation to make too great fires, and then the temperature cannot readily be modified.

There is a good operating room of wood, but as yet there has been little need for it. It is very well supplied with every requisite. At the end of the same row is a wash-house, with coppers for boiling linen, which was still unfinished however. Opposite this is a small wooden shed, containing a stove of simple construction for drying earth for the closets. It is nothing more than a simple long stove, covered with iron plating, and ending in a chimney. The chimneys are made of an admirable material, being solid perforated blocks, about two feet long, of volcanic material, mixed with fine cement, and baked. The material is found at Oppenheim, about three miles off. It is proposed to move the kiln further off, as the smell of the earth is at times unpleasantly strong.

The water-supply is brought from the Rhine by an eight-horse engine to a large galvanised iron tank, from which it passes to three large iron filters raised upon scaffolding, whence it is distributed by a regular series of pipes. All the water used for drinking, cooking, or for dressing wounds passes through the charcoal filters.

Arranged along the central street are five receptacles for fluids, which empty into the drains, and every drop of fluid refuse is carried to them. To each one a pump is attached. There is an earth-closet in each tent, with a zinc receptacle, which is emptied and washed out with "mortar" (qy. lime) daily. There was an entire absence of smell about them, though it is intended eventually to have each closet outside the tent, to be approached by a fold of canvas like that at the entrance to the tent. Dr. Thudichum intends to have a tramway laid down from the kitchen round all the tents; at present it is about a hundred and fifty yards distant from the furthest tent. A telegraph wire is laid down from each tent to the porter's lodge and the hotel (where the medical officers are quartered), and thence to the station at Bingerbruck. By this means notice is given of the arrival of wounded at the station, when measures are at once taken for their removal to the hospital. Four trucks with light covers are used for this purpose, each holding one patient; and four men are required to pull one up the hill, so that sixteen men are thus kept employed whenever any stress of work comes. Each of these ambulances has six springs, so that the shaking is reduced to a minimum.

We now come to the interior of the tents, or wards we will call them. In each there are placed eight beds, not more than from eighteen to thirty inches apart, six only of them being occupied at one time. The bedsteads are of iron, with horsehair mattresses, straw palliasses and bolsters, and hair pillows. A small iron table, two chairs, and the stove and closet already mentioned, complete the furniture. They were beautifully clean, and there was certainly an air of comfort about them. But a change from a bright September day to a foggy November one would probably alter the aspect considerably. The nursing is performed entirely by men (one to every four cases), and no women are occupied about the wards.

The diet is liberal: 5 oz. of cooked meat are allowed for dinner, and a smaller quantity for supper; but the amount given to each man varies somewhat, as it is divided in the tent, and the patients' appetites are consulted to some extent as to how much each one shall have. This *rational* plan appears to answer well. Stimulants are given freely; chiefly, however, the wine of the district, which forms part of the ordinary diet. The store and kitchen departments are under the management of ladies, of whom Miss Thudichum is chief. There are two principal surgeons—Mr. Simon and Dr. Thudichum,—with *ten* assistant-surgeons and five dressers; seventeen gentlemen in all to attend to at the most 200 patients! As yet, however, there have been but about 50 patients scattered in eighteen tents; so that there is no lack of medical attendance in this instance. Dr. Thudichum very kindly showed us over the hospital, and gave us every information concerning its details. He informed us that the number of visitors was very considerable, as everyone is naturally anxious to see a model of what is believed by its promoters to be a perfect hospital.

The fever cases are mixed along with the rest, or were when we saw them; but according to a letter in *The Times*, a special tent appears to have been set apart for fever cases. This, however, is quite contrary to the principle which Dr. Thudichum expressed his approval of to us, that of mixing. He is decidedly opposed (as were many whose opinion we asked on the subject) to any such building as a permanent fever hospital. One tent was set apart for cases of dysentery, but the cases had been of a very mild character, for some of them had been sent from a distance of one hundred miles or more, chiefly from Saarbruck. The only treatment has been to give plenty of fresh air, simple (Liebig's) food, and now and then a little opium, but not much.

Carbolic acid has been freely used in the surgical cases, but less stress is laid upon this or upon any special mode of treatment than upon the influences of a pure, bracing atmosphere, good food, rest, and an entire freedom from outward contaminating influences.

The hospital is to all intents and purposes a convalescent institution. All the cases have, as a matter of necessity, to be brought a very long distance; and as there is a very remote prospect indeed of any fighting nearer than Metz,

* The following is an extract from a letter from Mr. H. W. Page, one of the assistant-surgeons at the Bingen Hospital, which appeared in *The Times* of Oct. 30th:—"Last night, amid a storm unparalleled for its violence, and such as I never shall forget, which rose as suddenly as it departed, after forty-five minutes' duration, the whole hospital was swept off the face of the earth. Never was such a scene; never such agony! If it was awful for wounded men, without shoes or stockings, with nothing but their blankets, which in a second were drenched, to turn out and be exposed to the elements, it was even worse for the sick. Imagine a typhoid fever patient, for whom it is almost fatal to move in bed, having to take up his bed and walk. The storm began at 8.15 P.M., and not till 1 this morning did we succeed in housing the unfortunate creatures in the operation-room, in the porter's lodge, and in the hotel. The wonder is that they all lived through it. To-day, what a wreck! Nearly every roof is stripped, and the people declare they never remember such a storm. The rest I leave to your imagination."

the cases may have to be conveyed further still. Why, then, to begin with, need it be placed in such an inaccessible situation, with all its glaring drawbacks to counterbalance the advantages of a fine situation. Surely good air could be found in such a district without ascending nearly 300 feet. Then, again, what can twelve surgeons possibly find to do, even if they had no dressers to assist them?

We could point out what we conceive to be several defects in this so-called model hospital; but will content ourselves with only one or two further remarks. During the lovely weather of summer and early autumn (and it is lovely at Bingen) all is admirable enough; but in the wet, windy times, such as we are having now, fancy having to carry all the food for the patients a distance of more than a hundred yards through the open air, the medical officers having to pass the same way every time they visit a patient, the tents kept closed on account of the wind, the only ventilation being a small hole in the roof; half the work, in fact, having to be performed in the open air,—and what comfort can there be in doing it? Then, take mid-summer. What patient could endure a canvas tent with the thermometer standing at, say, 80° or 85° Fahr. in the shade? The main point, however, appears to us to be this: if it is intended for a *field* hospital, which we understand to mean really an ambulance, it seems little short of ridiculous to perch it upon such a hill, at so great a distance too from the scenes of action; if, on the other hand, it is intended to be a permanent hospital, while the same objections hold good with regard to its inaccessibility, it will have the additional drawback, we venture to think, of the loss in comfort and convenience, which will much more than counterbalance the advantages which are expected to accrue from its undoubted salubrious position. It has not the merit of being on an economical plan, as it has been stated by a member of the committee that the expenses will exceed £20 a day. Let us hope, therefore, that while it will serve to afford very many useful suggestions to those interested in hospital arrangements, and at the same time anticipating for it a favourable rate of mortality, it may not be taken as a *bonâ-fide* model of what such an institution ought to be.

(To be concluded.)

A CASE OF

INDUCTION OF PREMATURE LABOUR BY MEANS OF THE UTERINE DOUCHE.

BY W. WHALLEY, M.R.C.S. &c.

THE recent communications on the above method of inducing premature labour contained in THE LANCET induce me to give publicity to the following case.

The subject of this operation, Mrs. E——, aged thirty-four years, had been delivered thirteen times at the full term, her labours being usually lingering and difficult. On the last three occasions craniotomy was resorted to. The causes of difficulty in the above case were referable to a diminution of the cavity of the pelvis at the brim in the conjugate diameter, and to the fœtus being larger and more strongly ossified than usual. I delivered the patient on two occasions. In both, on arrival, I found the membranes ruptured and some portion of the head protruding through the brim of the pelvis, while the principal bulk remained above. I applied the long forceps without difficulty, but was unable to advance the position of the head. In both, the uterine parietes so strongly embraced the fœtal body that version could not be practised with impunity. The patient consulted me again in August last, when about six months and a half advanced in pregnancy. With some difficulty I obtained her consent to allow premature labour to be induced at the seventh month. Accordingly, on September 7th, at 1 P.M., being exactly seven months since she last menstruated, I injected, by means of Barnes's syringe, a gentle stream of warm water against the os uteri for about five minutes. On September 8th, at 5.30 P.M., I introduced the tube of the syringe about an inch within the os uteri, external to the membranes, carefully detaching the latter, and then injected a stream of warm water for about six minutes. On the following morning, about 6.30, I was summoned to the patient, and found the os completely dilated, and the membranes protruding into the vagina. On rupturing them a foot and funis presented; the pains were strong and frequent, yet more than forty minutes elapsed before delivery could be effected. The fœtus was well formed, but exhibited no signs of life when born. The usual means of resuscitation were practised for a considerable time, but proved unavailing. The mother made an excellent recovery.

The above case affords additional evidence of the simple, easy, and efficient mode of inducing premature labour by the aid of the uterine douche. Had the presentation been natural, the child would undoubtedly have been born living. Notwithstanding this disappointment, it was gratifying to find that the patient, who had been three times subjected to all the suffering and danger attending the operation of craniotomy, fully appreciated the success of the operation.

Bradford, October, 1870.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

POPLITEAL ANEURISM; FAILURE OF FLEXION AND COMPRESSION; INCISION OF THE SAC, AND LIGATURE OF THE ARTERY.

(Under the care of Mr. HENRY SMITH.)

INSTANCES of aneurism are now and then met with where, either from the position of the tumour, or from certain conditions occurring during treatment, it is needful to have recourse to the old operation of laying open the sac and tying the vessel at the seat of the disease. It is well known that the late Mr. Syme a few years since adopted this plan with success in one or two remarkable cases of aneurism which did not well admit of other treatment. Mr. Heath, also, laid open a femoral artery some time since at University College Hospital, and tied both ends of the artery.

On the 12th inst. Mr. Henry Smith laid open a large aneurismal tumour and ligatured the open end of the artery in an interesting case, of which we briefly give the history. The patient, who had been a soldier, and was only twenty-seven years old, was admitted into the hospital on Aug. 5th, with a swelling in the left popliteal space about the size of two fists. It had existed only a month before admission, and it pulsated so feebly that doubts had been entertained as to the nature of the tumour. On examination, however, it was found that the pulsation, although feeble, was distributed equally over the whole contour of the swelling, which was therefore concluded to be an aneurism; and Mr. Smith determined to try to cure the disease by the flexion method. The limb was carefully bandaged, and the leg bent well upon the thigh and retained by suitable apparatus. At the end of two weeks the treatment appeared to be successful, the pulsation having ceased and the tumour become smaller. The limb was then allowed to remain in its natural position. Three days afterwards, however, a sudden change had taken place: pulsation had returned, the tumour had become enlarged to double its former size, and the tissues around had become infiltrated, so as to lead to the supposition that the aneurism had become diffused. The limb below kept warm and free from œdema, and the patient suffered no constitutional disturbance whatever. Mr. Smith then determined to apply pressure. Carte's tourniquet was first applied, but it was not borne well. Signorini's was next used, and pressure was maintained to the femoral by the alternate use of two pads. This instrument was borne well, and after a fortnight the pulsation was completely arrested. The pressure was, however, kept up until Oct. 15th, when suddenly a great enlargement of

the tumour took place, accompanied by severe pain. On the appearance of these symptoms the tourniquet was removed, and evaporating lotions were applied. On Nov. 1st the dressers' report stated that the tumour was becoming smaller, and that pulsation had once more entirely ceased. On November 3rd the tumour again increased in size, and on the 7th it was still larger and very painful, with very distinct fluctuation. The leg had become œdematous, and the tissues above and below the tumour much infiltrated. On the 10th Sir William Fergusson examined the case with Mr. Smith; and, as it was evidently needful that some action should be adopted, agreed with him in the view that the tumour should be freely laid open. Accordingly, on the 12th, Mr. Smith made an incision into the most prominent part of the tumour, which was as large as a man's head, and a quantity of semifluid and coagulated blood was discharged. The opening was then enlarged, the hand introduced, and large quantities of clots, fibrinous layers, and purulent fluid were rapidly removed; arterial blood then immediately filled the lower portion of the large cavity, and it became at once apparent that the main artery was still open. Its orifice, however, could not be seen until the opening was considerably enlarged. The upper end of the artery was then distinctly seen behind, and to the inner side of the femur. It was seized with a pair of dressing forceps, and after some little trouble a ligature was thrown around the vessel as high up as possible. The operation was much facilitated, and was rapidly completed, thanks to the able assistance of Sir William Fergusson and Mr. Wood. Digital pressure was maintained on the artery at the groin, and the patient lost so little blood that he was comparatively but little exhausted. Before the wound was dressed, the large cavity was well syringed out with a strong solution of chloride of zinc.

In the course of his remarks on this case, Mr. Smith stated that flexion and compression having failed to effect a cure, although they both had at first appeared to promise success, and as without any assignable cause the aneurism had suddenly enlarged enormously, and shown signs of having burst and suppurated, the constitutional powers of the patient meanwhile beginning to fail, he had been led to decide on operating. In the absence of mortification in the lower limb, amputation had not been warranted, and the absence of pulsation in the tumour had not indicated any necessity for ligaturing the artery in the thigh, and as there was reason to suppose that suppuration was going on in the tumour, he had thought it best to lay it open. As they had seen, it then became evident that the main artery was not plugged, but only partially closed by clots. This had necessitated ligaturing the open vessel, which had appeared to be healthy. Had he not been able to tie the artery at the site of the aneurism, there would have remained the alternatives of ligation higher up in the thigh, and amputation.

On the 22nd inst. the ligature came away, and in every other respect the patient had progressed without an unfavourable symptom.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF MOLE CONCEPTION IN THE RIGHT OVARY; FISTULOUS COMMUNICATION WITH THE BLADDER, RECTUM, AND UMBILICUS; PERITONITIS; DEATH.

(Under the care of Dr. GREENHALGH.)

WE are favoured with the notes of the following case by Mr. P. Butler Stoney, house-surgeon.

A. C——, aged twenty-eight, was admitted on June 13th, 1870. She was fairly nourished. The catamenia had appeared at the age of seventeen, and had continued regular up to the time of her marriage. Her first labour was completed without any difficulty whatever, and she continued to enjoy good health till her second labour, which was somewhat lingering, owing to the presence of a tumour in the passage, which prevented the exit of the head. This was dispersed by her medical attendant, and the child was shortly afterwards born. With the exception of occasional pain of a shooting and pricking character in the lower portion of the abdomen, and that her urine had become thick and of a strong ammoniacal odour, she had continued to be fairly well till three months ago. About that time she began to feel much worse, and consulted Mr. J. R. Milsone, of Chertsey, who has forwarded the following account of her case:—

"Some two years ago she was confined, and labour was delayed by a large semi-fluctuating tumour, filling the concavity of the sacrum. This tumour I tapped through the rectum, and emptied it of a cheesy-looking matter: the labour was then completed. I saw nothing more of her till come three or four months ago, when she sent for me. I then found her suffering from rather severe cystitis, passing considerable quantities of pus through the urethra, with some small phosphatic concretions; she was also suffering severely from strangury. The bladder was much contracted; indeed, it seemed to have scarcely any cavity, and she was unable to retain her water. There was considerable tenderness in the supra-pubic region, where a distinctly solid mass could be made out. At the same time I discovered a communication between the bladder and the umbilicus, water injected into the bladder passing out at the umbilicus; the urine also occasionally, and a constant discharge of pus passed through the same opening. Shortly afterwards she passed by the urethra considerable quantities of hair, some of it more than two inches in length. She is still suffering as much as when I first saw her, though I think she has improved in health. In her bladder are one or two concretions larger than any it has hitherto contained. The uterus seems healthy, and menstruation has been regularly performed till a few months since."

With the exception that the bladder was washed out twice a day, no definite treatment was adopted till October 13th, when Mr. Savory was called in consultation. It was then decided that the umbilical opening should be dilated till it admitted the finger.

On Oct. 27th some further dilatation was effected under chloroform, and the opening was found to communicate with a cyst. After this examination the patient was returned to bed, and from that time continued to be sick, almost without intermission, until she died on the evening of the following day.

On opening the abdomen a cyst was found lying below the umbilicus, and communicating with it by means of a fistulous passage about one inch in length. On removing it with the parts attached, it was found to be situated in the right ovary. On its left side there was a fistulous opening into the rectum (probably the point where the cyst had been tapped during the second labour); on the right side it communicated with the bladder; and, posteriorly, there was found a hole, about the size of a sixpence, where it appeared that a perforating ulceration of the cyst-wall had occurred and led to fatal peritonitis. The cyst contained a quantity of light-brown hair, about two or three inches in length, with sebaceous and fatty matter, and also some bony deposit.

Provincial Hospital Reports.

LIVERPOOL LYING-IN HOSPITAL.

CASES UNDER THE CARE OF DR. STEELE.

FOR the notes of the following two cases we are indebted to Mr. R. A. H. Wood, the resident obstetric assistant:—

Vesico-vaginal Fistula of eight months' standing cured by Operation.—This case is an illustration of the treatment which Dr. Steele adopts for the cure of vesico-vaginal fistula. As will be seen, it is more simple than that which is laid down in surgical works. The details of the operation which he considers to be of primary importance are: the free paring of the edges of the fistula; the insertion of the sutures at such a distance from the margin of the wound as to obviate the danger of their cutting their way through the intervening tissue, and for this end also the avoidance of unnecessary force in securing the sutures; the careful removal of blood and small coagula; and the dilatation of the meatus urinarius to secure an undisturbed condition of the bladder for some hours after the operation. Dr. Steele thinks that, if these precautions are carefully observed, the use of clamps, of quill, button, or shot sutures, and the retention of a catheter in the bladder, may be dispensed with.

He also finds it unnecessary either to administer the full opiate generally recommended, or to keep the bowels inactive for ten or fifteen days; neither does he enforce strict diet nor prolonged confinement to bed.

A. B——, aged nineteen, married, was admitted on the 23rd of March. The patient, a healthy woman, rather tall and slender, but well-formed, had been delivered by a midwife of her first child about eight months previously. The labour was reported to have lasted nine hours, and not to have been usually difficult or severe, but the child was still-born. Ever since she had been unable to hold her water, except partially, while in the recumbent posture. The constant dribbling had caused much excoriation of the nates.

An examination per vaginam disclosed a circular opening in the anterior wall of the vagina, two inches from the os externum, about the size of a threepenny piece, communicating with the bladder, and readily admitting the end of the little finger. The edges of the fistula and surrounding tissues were free from induration and thickening.

The operation was performed under chloroform on the 30th March, about ten days after the termination of the menstrual period. The patient was placed on the left side, and the parts were exposed by means of the duck-bill speculum. The operation of paring the edges of the fistula, which was freely performed with an angular-bladed knife, was, from time to time, suspended, in consequence of the somewhat abundant bleeding which ensued, although care was taken to avoid, as far as possible, the mucous membrane of the bladder. The wound was closed by means of seven sutures arranged transversely to the long axis of the vagina. Single silk ligatures were first inserted about half an inch from the margin of the incision, with a small needle curved to a semicircle, and held by a *porte aiguille*. Fine silver-wire sutures were then successively fastened to the end of each piece of silk, and drawn through, until the metal occupied the place of the silk; the wires were fastened by a single twist. Before the patient was removed from the table, the urethra was dilated by passing first the little finger and then the forefinger into the bladder. She was kept in bed for forty-eight hours; though no opiate or other medicine was given, she made no complaint of pain or distress, and slept well. She sat up on the third day, and could hold her water perfectly. The sutures were removed on the sixteenth day, when the patient left the hospital cured.

Ascites and Pelvic Hæmatocele simulating Ovarian Dropsy; Recovery.—Mrs. P——, aged twenty-three, married four weeks, was admitted June 30th, 1870, with enlargement of the abdomen, which was supposed to depend upon ovarian disease. The catamenia had commenced at the thirteenth year, and had always been regular, but during the last five years had been accompanied with considerable pain. Three months before admission she first noticed "a lump about the size of an egg" in the left iliac region, which had steadily increased, and since her marriage much more rapidly than before. She had suffered considerable pain in the situation of the swelling, especially of late.

She had a pale, anxious expression, and was rather emaciated; the muscles were soft and flabby; the pulse 120, weak; the tongue slightly coated; the bowels were regular; the appetite indifferent; micturition painful; the urine scanty and rather turbid. The abdomen was as large as at the full term of pregnancy; the distension being due to the presence of fluid. There was considerable bulging laterally, especially on the left side, and marked prominence above, from flatulent distension of the transverse colon. No anasarca.

On examination per vaginam and per rectum the uterus was found to be unaffected, but a fulness was perceived in the posterior cul-de-sac. Since the abdomen had become enlarged, she had suffered from slight cough and dyspnœa, especially while in the recumbent position.

Two years before admission she had had rheumatic fever, followed by a tendency to palpitation of the heart of short duration. No signs of cardiac disease could be detected.

She was ordered purgatives of compound jalap powder about every other day; a diuretic mixture, containing acetate of potash, tincture of digitalis, and spirit of juniper, every four hours; at bedtime occasionally a dose of chloral hydrate (20 grains), to procure sleep; and milk diet, with brandy.

On the 5th of July the first mixture was changed for one of bitartrate of potash, decoction of broom, and spirit of juniper; and an occasional draught of fetid spirit of ammonia and lavender was prescribed, to relieve distressing flatulence. Under this treatment her appetite improved, and the swelling of the abdomen decreased about two inches in circumference.

On the 20th the abdomen was ordered to be painted daily with the liquor iodi (B.P.), and a mixture of tincture of iron and quinine substituted for the other medicines.

From that time the enlargement of the abdomen diminished rapidly, and ultimately disappeared entirely, leaving nothing to be discovered, except a small, firm elastic swelling in the posterior vaginal cul-de-sac, which had gradually become better defined as the ascitic fluid became absorbed.

The patient considered herself "quite well," and left the hospital on the 15th of August. She presented herself again in about a month's time, and was found to be in precisely the same condition, in general health and every other respect, as when she left.

ROYAL SURREY COUNTY HOSPITAL, GUILDFORD.

A CASE OF TRAUMATIC TETANUS TREATED BY CHLORAL HYDRATE.

(Under the care of Mr. EAGER.)

ALTHOUGH in this case the treatment was not ultimately successful, the chloral hydrate undoubtedly afforded the patient great comfort by procuring sleep, from which at one time he only awoke to attend to his natural wants; and, if the spasm which ensued on his being put to bed on the first day was a fair example of those which he had previously suffered, it certainly also for a time reduced the severity of the tetanic paroxysms.

The following notes are by Mr. Thomas Flower, house-surgeon.

James R——, aged twenty-three, a labourer, was admitted on August 1st. Twenty-four days before, whilst digging a pit, some earth fell on him, inflicting on his face a small wound, which was sewn up. He laid up for two days, and then attempted to resume work, but was unable to do much. The wound completely healed, and he improved until five days before admission, when he felt a slight stiffness and pain on both sides of the jaw, which had continued to become more severe.

On admission the jaws were firmly fixed; he had difficulty in swallowing liquids, and, occasionally, in breathing. After he was put to bed, he had well-marked risus sardonicus and opisthotonos; the pulse was 64, the skin cool and moist, and the saliva flowed out of the mouth. He was ordered sixty grains of chloral hydrate immediately, and thirty grains every three hours afterwards; milk and beef-tea *ad libitum*; and six ounces of brandy every twenty-four hours.

Aug. 2nd.—Had a fair night; looks more comfortable; swallows better.

3rd.—Has had a good night and is sleeping continually, only waking up to take nourishment, which he seems to enjoy; pulse 88; skin cool and moist; bowels open; passes urine; jaws not relaxed.

4th.—Not so good a night; takes his nourishment well; attacks of spasms more frequent; pulse quicker.

5th.—Has most severe spasms of all muscles of body; respiration greatly impeded, and chiefly abdominal; he becomes blue in the face when spasms are on; does not swallow fluids so well; pulse 100; passes urine.

6th.—Has continued to get much worse, and is not able to swallow anything. Enemata of beef-tea, brandy, and chloral hydrate were given, but without modifying the spasms, which occasionally threatened suffocation. He gradually became worse, and died at midnight. No post-mortem examination was made.

A LARGE DOSE OF CHLORAL.—As much as 160 grains of the hydrate of chloral was lately given, by mistake, in one dose, to a middle-aged man in a hospital of this metropolis. Some alarm was felt, but no disagreeable symptoms occurred; the man slept well, and no unpleasant effects resulted.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOVEMBER 2ND, 1870.

DR. TILT, VICE-PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected fellows of the Society:—Alexander Henderson, L.F.P.S. Glasg. (Glasgow); Francis William Smith, M.D. (Dorchester); Samuel Harrison Wheatcroft, L.R.C.P. (Sheffield).

Dr. WILTSHIRE exhibited an infant, aged three weeks, presenting a remarkable example of so-called "Mother's Marks," the whole of the right arm being black and hairy, and similar patches, of various sizes, being scattered over the body. An elder brother of the child's had webbed fingers. As is usual in such cases, the mother attributed the deformity to a fright during gestation.

Dr. HALL DAVIS reported a case of Extra-uterine Gestation of the left ovarian variety, occurring in the third pregnancy of a married woman, thirty-nine years of age. When first seen the physical signs induced him (Dr. Davis) to suppose that it was a case of retroverted uterus containing a fœtus, and attempts at reduction were made. On the same evening violent vomiting took place, and the swelling in the posterior part of the pelvis was found to have disappeared, and in its place was what seemed to be an empty sac. On abdominal examination, the head of the child was felt in the right lumbar region, apparently immediately under the abdominal wall, and below it another but smaller prominence. It was not movable, and there was no constitutional disturbance. Dr. Davis was firmly of opinion that the child had escaped by rupture into the abdominal cavity, and during vomiting. It appearing to him that abdominal section and removal of the child was indicated, he proposed a consultation, the result of which was that his diagnosis was not supported; and, therefore, the operation was not performed. The patient died on the 28th of October, the sixth day after rupture. The autopsy confirmed the diagnosis of the escape of the child into the abdominal cavity, and proved that the pregnancy had been an extra-uterine, and not a uterine gestation. Dr. Davis considered that the only chance of saving the patient, although it might be a remote one, would have been abdominal section and removal of the child, as also of the cyst with its placenta, and the effused blood.

Dr. WILTSHIRE asked if the uterine sound had been used, as it fairly might have been in such a serious case. He mentioned a case of supposed extra-uterine fœtation which was under his own observation. He regretted that gastrotomy had not been resorted to in this case, for, as far as he was able to judge, no insurmountable difficulties would have been met with, and the patient would have been afforded a chance of recovery, which otherwise she had not.

Mr. J. B. WALKER exhibited a Placenta that had been retained in utero for two months, without hæmorrhage, or fetid discharge.

Dr. MURRAY, who had seen the case with Mr. Walker, said that at first he had been able to introduce the finger into the uterine cavity, but that no part of the placenta had been felt. The umbilical cord had come away without traction almost immediately after the finger had been introduced. The patient having lost no blood whatever, and feeling perfectly well, Dr. Murray agreed with Mr. Walker that it would be better to watch the case closely, and wait upon the least occurrence of bleeding, rather than to dilate the os uteri, and again seek for the placenta. Dr. Murray, feeling sure the placenta must have been firmly and completely adherent, considered, under the circumstances, that the removal would in all probability have resulted in leaving portions of the mass behind, which would have caused frequent hæmorrhage, and perhaps septicæmia.

Dr. MARTIN read a paper "On the Management of Childbirth, with a view to promote successful Suckling." The author commenced by describing the causes which often interfered with efficient suckling, and described at length his views on the etiology of milk fever. He then enumerated the best means of treating puerperal patients with regard to this point, and insisted especially that the usual practice of putting the child to the breast immediately after delivery was a bad one. He maintained that no attempt to suckle the child should be made until the secretion of milk had been thoroughly established.

Dr. THOS. BALLARD said that ten years ago he had invited attention to the importance of not allowing the child to be put to the breast until the third day after delivery; and had endeavoured to prove that the feverishness which the author indicated, and the more severe forms of milk fever, are mainly caused by the practice which he regretted was still generally taught, that of putting the child to the breast a few hours after birth. The reasons for doing so are not valid. The principal one, that of producing uterine contraction, and thus arresting hæmorrhage, does not often apply, because the accoucheur would usually satisfy himself on this point before he left the patient; and consequently before the nurse had prepared the child to go to the mother. That of the child getting colostrum to purge away the meconium is a misconception. No milk is secreted for sixty hours, and the irritation of the child's bowels, caused by early sucking, is the result of its sucking at a breast which yields nothing (fruitless sucking), and not of its swallowing a fluid possessing a cathartic property. He (Dr. Ballard) hoped that this mythic theory about colostrum would soon disappear.

Mr. COWARD, of Christchurch, New Zealand, read a paper on a case of Inversion of the Uterus. This occurred in a primipara, twenty-two years of age. The labour was normal, and the inversion took place suddenly when only gentle traction was being made on the cord. The inversion was at once reduced, the placenta, which was still attached, having been first removed. The patient made a good recovery. In the latter part of his paper, Mr. Coward especially insisted that traction on the cord was not the usual cause of this accident.

Dr. MADGE also read a paper on a case of Inversion of the Uterus. This happened in a primipara, whose labour was quite natural. After delivery the nurse was making firm pressure on the uterus, when inversion suddenly took place. Dr. Madge first peeled off the placenta, and then reduced the uterus without much difficulty. The patient made an excellent recovery.

Dr. BRAXTON HICKS said that in the cases of inversion he had seen there had been no traction by the medical man on the cord. In one case the patient had not been touched, as the placenta had been expelled spontaneously before the attendants arrived; and in another it occurred immediately on the delivery of the child by the forceps, in a case of inertia of the uterus. He thought that a short funis in many cases would be sufficient to commence the action, if the fundus were flaccid. In answer to Dr. Madge's objection, he (Dr. Hicks) considered that the marginal attachment, coupled with the atmospheric pressure, would be amply sufficient to cause a cupping of the fundus, and thus commence the process.

Dr. HALL DAVIS believed that we must admit two classes of cases of inversion of the uterus occurring in connexion with labour. Firstly, those resulting from traction on the umbilical cord, however applied, the placenta being as yet attached to the fundus of a relaxed uterus; or, during the completion of the second stage of labour, the advancing child dragging on a short cord, as explained by Dr. Hicks; or, again, during the sudden birth of the child the parturient being in the erect position. Secondly, those cases in which the displacement was the effect of an inverted action of the muscular fibres of the uterus, quite independent, and often in the absence, of the attendant. The latter class of cases he held to be the most frequent. Such, at least, was his experience.

A paper was read by Dr. TRACY, of Melbourne, entitled "A short description and history of the Lying-in Hospital and Infirmary for Diseases of Women and Children at Melbourne, with some account of what has been done in it." Dr. Tracy's paper consisted of a minute description of the building and its elaborate arrangements for the safety and comfort of the patients, and concluded with an account of the principal operations performed in it.

Dr. MARTIN, of Melbourne, said that as one of Dr. Tracy's colleagues he would take the opportunity of stating that Dr. Tracy was entitled to the highest credit for his performances in obstetric surgery at the antipodes. With

none of the advantages available in the older countries, Dr. Tracy had always been a watchful observer of whatever was worthy of notice in the reports of scientific progress, and had made himself, as it were, a pioneer of obstetric surgery in Australia, leading the way with remarkable skill and signal success in the performance of all the great operations. As regarded the report of the hospital just read, he (Dr. Martin) would assure the Society that, in construction, management, and success in working, that, institution would bear comparison with any other of the kind in any country.

Mr. LENNOX BROWNE desired to bear testimony, from the experience of several visits when in Melbourne seven years ago, to the excellence, he might almost say perfection, of the arrangements of Dr. Tracy's lying-in hospital. He had twice witnessed Dr. Tracy perform ovariotomy, as well as several other obstetric operations, and he was astonished to see how, from perusal only of the writings of workers in this Society, and without the guide of personal teaching, Dr. Tracy operated according to the very latest improved methods, and with at least equal success. He thought that the Society was to be congratulated, no less than Dr. Tracy, in that it was shown of how great use were the printed Transactions to those Fellows unable to associate in person.

A paper was read by Dr. GEORGE MENDENHALL, Professor of Obstetrics in the Miami Medical College, Cincinnati, "On the Mortality of the Lying-in ward of the Cincinnati Hospital." This paper gave an interesting account of an outbreak of puerperal fever, the source of which was traced to defective ventilating arrangements, by which a current of air from a surgical ward was led into the lying-in ward. As soon as this was remedied the mortality ceased.

Reviews and Notices of Books.

An Introduction to the Osteology of the Mammalia. Being the substance of the Course of Lectures delivered at the Royal College of Surgeons in 1870. By WILLIAM HENRY FLOWER, F.R.S., F.R.C.S. Hunterian Professor of Comparative Anatomy and Physiology, and Conservator of the Museum of the College. With numerous Illustrations. London: Macmillan and Co. 1870.

THOSE who had not the good fortune to be able to attend the course of lectures delivered by the able conservator of the Museum at Lincoln's-inn-fields during the past summer, may be felicitated in now having the substance of that course placed in their hands, of which only very brief abstracts appeared in the several medical journals.

Everyone is aware how much Mr. Flower has facilitated the examination of the valuable stores of the Museum by placing the corresponding bones of the different classes of animals in immediate juxta-position with one another—a plan that it is to be hoped will be systematically carried out through all the organs of the body, since, by this means, many points of resemblance or of contrast are perceived at a glance that might otherwise easily pass unnoticed, tending to demonstrate the unity of plan that is everywhere visible when rightly looked for. Mr. Flower's book is an attempt, and, we think, a successful attempt, to render into language what in the osteological cases to which we have referred appeals only to the eye—to pick out the important and more noticeable particulars of the skeleton of each group of animals, and classify them in an order that may be perfectly intelligible and readily remembered.

We cannot say the book is light reading, nor precisely the kind of literature a man would care to take up at the close of a day's labour; but it is essentially a worker's manual, and with its aid, and that of such a museum as may be found in many of our large towns, a student might acquire, in a short space of time, a very full and accurate knowledge of the osteology of the mammalia.

The work is divided into twenty chapters, of which four are devoted to the consideration of the vertebræ, and five to the characteristics of the skull in the different orders. The rest take up in order the sternum, ribs, shoulder-girdle, arm, hand, pelvic girdle, thigh and leg, and hind foot or pes. One is devoted to the classification of the mammalia; one to the general characters of the skeleton; and one to the correspondence between the bones of the anterior and posterior extremity, and the modifications of the positions of the limbs. Mr. Flower accepts and employs the terminology of Professor Huxley and Mr. Parker in respect to the bones of the skull and of the shoulder-girdle.

The illustrations, of which there are 126, are most of them original, and taken from specimens in the Museum of the College; and have been both accurately and clearly drawn by Mr. Sherwin. They will prove of material assistance to those who have access to only limited collections. We not only commend this book to our readers, but trust it will be followed by others, in which the viscera, the nervous and muscular systems, &c., will be successively taken up.

Metals: their Properties and Treatment. By CHARLES LOUDON BLOXAM, Professor of Practical Chemistry in King's College, London. London: Longmans, Green, and Co. 1870.

The Elements of Mechanism. Designed for Students of Applied Mechanics. By T. M. GOODEVE, M.A. London: Longmans, Green, and Co. 1870.

MESSRS. LONGMANS, with their customary and laudable enterprise, are publishing a series of text-books of science, adapted for the use of artisans and of students of public and other schools. Two of the series are now before us—Professor Bloxam's on Metals, and Professor Goodeve's on Mechanism. If in the former of these works there is very little really new, it at all events contains a useful collection of well-ascertained facts regarding the properties and treatment of the metals so far as it goes, related in Mr. Bloxam's easy and agreeable style. But we think that the working men, for whose special edification this series is professedly adapted, will have a right to expect more information on some points than the book affords them. The meagre description of steel-tempering may be adduced for example.

The little work by Professor Goodeve is an admirable analytical sketch of the diversified operations in machinery. It will, however, undoubtedly prove too hard a nut for the great majority of artisans and self-instructed men to crack, inasmuch as the first twenty-four pages cannot be mastered without some knowledge of the differential calculus. The descriptions of the machines are interesting, and the mathematical demonstrations very clear. We repeat it, this little book is admirably done. Both this and the volume by Professor Bloxam are amply illustrated with woodcuts.

The Transactions of the Edinburgh Obstetrical Society. Session 1868-69. Edinburgh: Maclachan and Stewart. 1870.

AFTER a period of gestation so protracted as well-nigh to warrant the artificial induction of labour, the Obstetrical Society of Edinburgh has brought forth the first volume of its Transactions. Some of its features are already familiar to our readers, such as the note, by Sir J. Y. Simpson, on the "Construction and Salubrity of Maternity Hospitals," the communication on the "Construction of the Cephalotribe," by Dr. Matthews Duncan; and the practical papers by Dr. Keiller, on the "Application of Reflected Light in the Diagnosis and Operative Treatment of Uterine and Vaginal Diseases," on the "Inflatable Pessary," and the "Caoutchouc Dilator." These, of themselves, would make the volume attractive, but they are far from exhausting the store of original, ingenious, and practical suggestions. We would invite attention to Mr. Wilson Paton's "Case illustrating the use of Galvanism in severe Post-partum

Hæmorrhage"; to the "Case of Cephalotripsy, in a Labour obstructed by Pelvic Deformity, originating in Necrosis of the Ischium," by Dr. Paul Grenser, of Dresden; and, in general, to the series of papers relating to pregnancy, as interesting and instructive specimens of medical observation and exposition.

Although this is the first volume, as we have said, of the Edinburgh Obstetrical Society's Transactions, it must not be supposed that its previous history embodied nothing deserving to be recorded. On the contrary, from an early period in its existence, the Society's proceedings were regularly reported in the monthly issues of the *Edinburgh Medical Journal*, and the present instalment contains an Appendix, in which all the papers contributed to the Society with their dates, and authors' names, are carefully enumerated. For this most useful and very laborious piece of work, the thanks, not of the Society only, but of the profession at large, are due to Dr. R. Peel Ritchie, whose general supervision of the entire volume has invested it with a convenience of arrangement, an accuracy of form, and an elegance of tone, which reflect signal credit on his industry and his judgment.

Transactions of the Clinical Society. Vol. III. London: Spottiswoode and Co. 1870.

AT the meetings of all scientific societies, whether old, middle-aged, or young, much indifferent as well as much good matter is presented for discussion. We think that the subjects brought before the Clinical Society (a mere child as compared with the rest) have, on the whole, savoured of much practical usefulness. Its members have, of course, sometimes an emphatically dull evening, either on account of the uninteresting nature of the papers read, or a sparse or an intensely apathetic audience; but, combining great things with small, we may fairly predict for this Society an energetically useful career. The third volume of the Transactions contains two very important practical papers, to which we would specially direct the attention of our readers: one on Torsion, by Mr. Cooper Forster, and another on the Use of the Ligature, by Mr. Callender. The relative merits of the two operations are very carefully discussed. There is other noteworthy matter in the book, but we take leave to remark that the ventilation of questions such as these is far more useful than abstrusely minute accounts given of some case so very unique of its kind that very few readers or listeners are ever likely to meet with its analogue in their own practice.

SANITARY WORK IN INDIA.*

WE have repeatedly had occasion to notice the very important Sanitary Reports which are now made by the Indian Medical Departments. Of these the report from Bengal, written by Dr. Cunningham, certainly holds the first rank. The sixth report, which has just reached us, is a bulky volume, containing first Dr. Cunningham's account of the cholera epidemic of 1869; the amount of sickness and mortality from all causes of the European and native troops; and the sanitary condition of the gaols, and of the native population generally. In three appendices are given—a report by Dr. Lewis on the microscopic objects found in cholera dejections; a statistical analysis by Dr. Bryden on the epidemic cholera of 1869; and the revised rules to be adopted when cholera breaks out among the European troops.

Dr. Cunningham's history of the cholera epidemic will repay the most careful study. In some respects it is at variance with doctrines which have been looked upon as almost settled. In 1869, the British troops in Lower Bengal did not suffer much, and those in Fort William escaped altogether, although a native regiment stationed there was attacked. In the group of stations comprising Dinapore, Benares, Lucknow, Cawnpore, Allahabad, &c., the Europeans suffered greatly; but a still higher mortality was reached in the group including Agra, Gwalior, Morar, Sagor, Jubbulpore, &c. In Morar, out of 760 men, there were 105 cases, and 63 deaths. In the Punjab and frontier stations, Peshawur alone was severely attacked; but it suffered frightfully, losing 207 European soldiers out of 1723 men. Altogether, in the Bengal Presidency, no less than 570 British soldiers died from cholera in 1869. This immense loss is not only calamitous, but it is most disheartening. After all the investigations,—after all the incessant labour of the Indian medical officers (and they have not spared their labours),—after all the plans which have been tried, we are still at this point, that we may lose as many men in the Bengal Presidency in a year from cholera as we did in some of the greatest actions in the Sikh wars.

Dr. Cunningham's report, however, somewhat removes the sombre anticipation made by these figures as to future losses. The great mortality is given by a small number of stations; Morar, Saugor, Lucknow, Allahabad, and Peshawur were the great centres of mortality, and gave no less than 457 of the deaths out of the total of 510. And this has been the case also in former epidemics. Surely, then, it would be possible so thoroughly to investigate the exact condition of these stations as to discover the causes of their liability; and if these causes were either undiscoverable or irremovable, then it would be the duty of the Government to give up those stations. For while the Europeans were thus suffering at some points, the Hill Stations, on which were stationed 3863 men, escaped entirely with the exception of sixteen deaths at Sabathoo. Does it not seem most extraordinary that, while the evidence of the effects of Hill Stations in preventing malarious disease, in preserving the vigour of the constitution, and in limiting the awful ravages of cholera, is as strong as medical evidence can be, the Indian Government should still persevere in denying nearly 31,000 men out of 35,000 in the Bengal Presidency the incalculable advantage and comfort of the cool mountain climates? Dr. Bryden's statistics, given at page 101, of the health of the working parties in the Hill Stations is most convincing, and a paper lately published in the *Indian Annals* by Dr. Ambrose, of the 58th Regiment, places the effect of a Hill Station on one wing of his regiment, as compared with the other wing left in the plains, in a marvellously clear light. We have not space to quote the whole of his evidence, but the following table speaks for itself. For three years the right wing of the 58th Regiment was at Darjeeling (6200 feet above the sea level), the left wing was at Benares.

	Three years.			Proportion per 1000 per annum.	
	Strength.	Deaths.	Invalids.	Deaths.	Invalids.
Right Wing, (Hill Station)	435	5	29	3·8	22·2
Left Wing, (Plain)	318	26	42	27·2	44·0

In other words, the annual mortality at Darjeeling was just one-third of the mortality even in England, while the mortality at Benares was just threefold that of England. Of course it will be said that military reasons demand the occupation of such stations as Morar and Peshawur and Allahabad; but it may be questioned whether many soldiers would not deny the necessity of the retention even of the two first-named places, and there are many other stations where there can be no question whatever that all European troops might be removed. Dr. Cunningham's most able report convinces us that this matter must again be considered by the Indian Government, and that this country

* Sixth Annual Report of the Sanitary Commissioner with the Government of India, 1869. Calcutta, 1870.

will never acquiesce in the necessity of such losses from cholera and other diseases, year after year, on no better grounds than are assigned at present for not taking advantage of the vast number of healthy hill-stations provided for us in the vicinity of the most warlike and turbulent nations of Northern India—close, in fact, to the districts where troubles may be expected to arise.

While the Europeans at these stations suffered so terribly, the Sepoys had far fewer cases. Only at Allahabad, Morar, and Peshawur did they suffer much. The following table shows this:—

Station.	Admissions per 1000 of strength. European troops.	Native troops.
Allahabad	133	17
Cawnpore	19	2
Fyzabad	26	—
Lucknow	34	2
Morar	138	16
Jhansie	88	2
Saugor	58	2
Peshawur	187	53

This contrast might be attributed by some to difference of race, but this explanation is set aside by the fact that in a term of years in the Madras and Bombay Presidencies the Sepoys suffer as much as the Europeans, and in Lower Bengal the Sepoys suffer more. It is not, therefore, race; it is something in the conditions under which the Europeans are placed at certain stations in the Upper Provinces of Bengal, and in the Punjab, which favour from time to time tremendous outbreaks of cholera.

The impression made upon Dr. Cunningham by the epidemic of 1869 is evidently unfavourable to the view that human intercourse had much influence in spreading the disease, and he also much questions the influence of impure drinking-water in several instances. He points out, however, the great difficulties of thorough investigation on these points; and while suggesting doubts as to the complete or universal truth of these usual doctrines of spread, he leaves the subject for future investigation. He speaks favourably as to the general good effect of moving regiments attacked with cholera into camp, though he cites some striking instances in which this measure entirely failed. The effects of intemperance, of age, and of length of residence in India do not appear marked. The comparative immunity of officers has been as well marked in 1869 as on other occasions; and it is remarkable that of six officers who were attacked in the four stations of Lucknow, Morar, Peshawur, and Allahabad, no less than three were medical officers. As Dr. Cunningham says, this "favours the view of those who believe in the communicability of cholera."

The year 1869 was, in other respects, a very fatal one to Europeans in the Bengal Presidency; the mortality reached 42·89 per 1000 of strength, of which cholera made up 16·46. The next most fatal disease was hepatitis. The death-rate in the native army was also more than usual, being 17·29 per 1000, and of these deaths cholera made up 4·89, and hepatitis only ·2 per 1000.

A great number of points of interest in connexion not only with cholera, but with fever and other diseases, are discussed by Dr. Cunningham, but we must refer for those to his admirable report.

The appendices are important enough to demand a second notice.

THE HEALTH OF THE NAVY.

THE annual statistical report of the health of the Navy for the year 1868, which has just been published, is compiled with that usual amount of care which reflects so much credit upon Dr. Alexander Mackay, and is, perhaps, more interesting than on some previous occasions, owing to its containing the reports of the medical officers in charge of the ships engaged in the Abyssinian expedition.

The total force of men employed in the Royal Navy in 1868 was 51,220, and the total number of cases on the sick-list was 63,112, which is in the ratio of 1252·4 per 1000, being a reduction, as compared with the preceding year, of 45·6 per 1000. The average number of men sick daily was 2470·8; the total number invalidated was 1755, or 34·2 per 1000; and the deaths were 460, or 8·9 per 1000. The increase in the invaliding list was due to the harassing duties of the squadron engaged in the Abyssinian expedition.

It is satisfactory to notice that since the Contagious Diseases Act came into operation on the Home station, there has been a steady progressive decrease in the ratio of cases of those diseases against which it is directed, from 104·2 per 1000 in 1863, to 53 per 1000 in 1868. The system of transferring the ships composing the squadron on the West Coast of Africa to other stations, after a limited period of service, has also, we are glad to find, been attended with the best results. Compared with the preceding year, there was a decrease in the death-rate on that station equal to 14·1 per 1000 of force. There was a decrease in the death-rates on all the stations, with the exception of the Home and South-east Coast of America; on the former of which the increase was only ·1 per 1000, but in the latter it was 1·4 per 1000. Compared with an average of the total force taken for ten years, there was a decrease in the ratio of cases equal to 196·5, of invaliding to 1·9, and of mortality to 5·6 per 1000. The total death-rate was 8·9 per 1000, being, as Dr. Mackay remarks, the lowest ratio of mortality which has occurred in the service afloat since the annual returns were first published in 1856. The death-rate from disease alone was only 6·5 per 1000.

In an appendix to the report are some valuable papers by naval medical officers. Dr. George Robertson, R.N., gives the details of an outbreak of enteric fever at Eastney Barracks due to defective drainage; Dr. Moss, R.N., makes some remarks on pathological conditions of the blood; Dr. Macleod, R.N., the Deputy Inspector in charge of the Yarmouth Naval Lunatic Asylum, contributes a valuable paper on the use of the clinical thermometer in cases of paralysis of the insane, to which we have already referred; Dr. Macdonald, F.R.S., makes some interesting observations on the topography and natural history of Lord Howe's Island; and Deputy Inspector Bernard, R.N., contributes a valuable report on the antiseptic treatment of wounds by carbolic acid in the Plymouth Naval Hospital during 1869 and 1870. The results obtained appear to have been very satisfactory, and among the illustrative cases quoted are examples of excision of the elbow and hip-joints, of various amputations, and of a successful ligature of the external iliac artery.

PRIVY COUNCIL SANITARY REPORTS.

AN enormous impulse will be given to the introduction of proper sanitary arrangements by the visits of the medical inspectors of the Privy Council to places where the mortality is unusually high. We have just received a series of reports as to the sanitary state of twenty-two towns or villages to which their attention has been drawn during the past summer, and the perusal is calculated to excite astonishment that so much gross ignorance still prevails upon questions of health in localities where the Local Government Act is supposed to be in force. With regard to water-supply, pollution is common enough; indeed there is scarcely a case in which the source of supply was altogether without taint. But what are we to say for Stamford, where it is not uncommon to find wells which have been sunk for drainage purposes, and which are simply open sewers? Moreover, they occasionally "spew out" their filthy contents, and inundate the premises. The town is honeycombed with cesspools, and yet from the selfsame strata much of the drinking water is drawn. Mr. Dabbs, an extensive land agent, excavated a cesspool within twenty yards of his well, which soon became too foul to use. Can it be believed that this gentleman had them both cleaned out, and that he took the well water again for household use? If such crass ignorance on sanitary matters is found

amongst the educated inhabitants of towns like Stamford, we can scarcely wonder at anything which occurs in the country. Thus at Annesly, a village in Nottinghamshire, the arrangements for excrement disposal and water-supply appear to have been specially contrived so that the people should drink their own excrement; and the farce is that there is no authority to prevent it. With regard to excrement disposal, there are in many places no conveniences at all. The people go to the fields or use their chamber-vessels and empty them on the dust-heaps when it is convenient to do so: this occurs in the town of Cardigan. At Ystrad-y-Fodwg the houses are so arranged that the excrement of one row is carried by rains into the houses situated below them. In some villages the wells are so foul that the people have to lower the buckets gently in order not to stir up the accumulation of filthy mud. In another village the water was taken from a brook foul at bottom and alive at the top with hosts of flies. At Ilkeston, water described as pure was found covered with scum, looking like vegetation stained with iron. At Eastwood the expense of water is formidable; a labouring family was paying for it 1*s.* 6*d.* per week. We have great faith in the general accuracy of these reports, but in this locality we fear the learned reporter must have been somewhat imposed upon. He tells us that Emma Walker, an asthmatic widow, in receipt of 2*s.* and half a stone of bread weekly from the parish, actually pays 9*d.* per week for her supply of water. All we can say is, that the old woman deserves a medal for cleanliness, or that she must be endowed with a peculiar appetite for bread and water.

Not the least curious parts of these reports is the evidence afforded of the utter absence of sanitary organisation. In the Welsh villages the vestry has charge of water-closets and drains, and the guardians of ditches and pigsties. Tredegar, with a population of nearly 10,000, has no local government at all. At Ilkeston the local authorities have no conception of their duties, and delegate them to a person who is engaged three days a week as surveyor, collector of taxes, and inspector of nuisances. In the suburbs of London, however, confusion reigns supreme. A district is set apart for building, and the landlord cannot drain because there are no public sewers near. The Metropolitan Board of Works have no jurisdiction, and the local authorities refuse to go to the expense. Whilst nobody is willing to incur the responsibility of resorting to legal proceedings, cesspools become a necessity, and in a fortnight their overflowing contents poison the neighbourhood and generate fever in the midst. There is no power to make the landlords or tenants empty them, and the vestry, who are empowered to do so, have no staff of scavengers. Never was confusion worse confounded. The Sanitary Commissioners will, indeed, confer a boon upon the whole community by unifying sanitary laws and enforcing sanitary practices.

We cannot close these remarks without congratulating the Medical Officer of the Privy Council on the industry and judgment of his staff. They are doing excellent work, which must eventually raise the health and happiness of the entire people.

Foreign Gleanings.

BILLROTH ON BULLET-WOUNDS.

In the *Wien. Med. Woch.*, No. 40, 1870, this eminent surgeon gives his opinion on bullet-wounds. He considers that balls very seldom remain buried in the soft parts without giving rise to suppuration, and thinks that the lodgment of bullets for months and years without exciting abscess is very rare. Extraction should always be attempted except the balls have penetrated into any of the three cavities of the body. As regards the extremities, the operation should always be tried, the best instruments being the dressing or polypus forceps of different lengths. Billroth has tried the American bullet-forceps, but neither he nor his colleagues have found any advantage from its use. The author has heard the probe of Nélaton, with a porcelain knob, highly spoken of by German medical officers, but they found that the porcelain button should not be larger than a good-sized pea. Professor Billroth observes, finally, that experience in the extraction of ball is far preferable to the most ingenious instruments in unpractised hands.

CHLORAL AND STRYCHNINE.

Dr. Liebreich establishes a comparison between these two substances, in the *Berliner Kl. Woch.*, No. 43, 1870; and finds that they neutralise each other. As the symptoms of poisoning by strychnine are very similar to those of tetanus, chloral would be a sovereign remedy for the latter, if its effects could be made to extend longer than the pathological irritation (actual nature unknown) which gives rise to tetanus. Great improvement is, however, obtained by using the hydrate, as it seems to change the form of the complaint from the acute to the chronic, a change very likely to be followed by a cure. The salt should be given in the form of enema, and the dose may vary from 37 to 75 grains. Full doses should be given at once. Hypodermic injections are only exceptionally to be used; but the author states that his injections with the platino-iridium syringe never were followed by abcess.

SUBNITRATE OF BISMUTH IN THE DIARRHŒA OF CHILDREN.

Dr. Lochner states, in the *Aerzt. Int. Bl.* (No. 37, 1870), that he treated in the hot summer of 1868 fifty cases of diarrhœa in children, and lost only one patient four months old. The dose generally reached sixty grains a day; and most cases were at once benefited, whilst in some from two to four days were necessary to arrest the complaint. The author thinks that the actual *modus operandi* is not known, and that therefore the discovery should be attempted by experiment upon animals.

TONSILLOTOMY.

Billroth had lately to remove the left tonsil upon a hysterical lady. In doing so, he pulled the organ energetically towards the mesial line, so as to ensure a complete section. By this traction a fold of the pharyngeal mucous membrane was drawn out and cut with the tonsil. The bleeding was fearful, and the Professor considered that some large branch of the pharyngeal artery contained in the fold had been divided. The patient would not allow of the pressure of the finger within the mouth, so that compression was used on the carotid with success. Billroth warns surgeons concerning the too forcible drawing out of the tonsil.

New Invention.

THE POISON CABINET.

This cabinet is one of the most ingenious things we have seen for a long time, and its adoption ought, as far as anything can do so, to preclude the possibility of mistakes. It consists of a number of bottles, labeled, arranged in a row, and fitted each into its own recess, with a dial-plate on which are the names of the drugs, and an indicator. Presuming morphia is required, the indicator must be placed *accurately* over the mark on the morphia division on the dial, and this action liberates the bottle. If, inadvertently, the indicator has been placed over the wrong name, the dispenser would find the morphia bottle fast, and thus be compelled to rectify the error. If he should require a second or third poison, and omit to replace those previously used, the grooves in the blocks are so arranged as to prevent any bottle being placed in any other than its own compartment. The blocks also cannot fail to denote the poisonous character of the contents of the bottles when mixed with others on the dispensing counter. The advantages of this method are, that it imposes a double check, and almost enforces the attention of the dispenser to the dangerous nature of the drugs used.

THE DUBLIN OBSTETRICAL SOCIETY.—The opening meeting of the session of this Society was inaugurated by a *conversazione* held on Thursday evening, the 17th inst., in the Rotunda, given by Dr. Johnstone, the President, and which was attended by a large number of the medical profession in that city.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 26, 1870.

OUR MEDICAL BILL.

To-day we fulfil a promise made months ago, and publish the draft of a Bill to Amend the Medical Act of 1858, which we hope is of such a character as to command the approval of the profession. In doing so we act only reasonably. It has been our duty, our unpleasant duty, to criticise and condemn other legislative attempts at establishing the education of the profession on a sound basis, and to contribute to the rejection of a Bill which cost a busy Government much trouble. It is an easy thing to complain of the work of others. It is a much more difficult thing to do better. But this is what we have tried to do; and with considerable confidence we submit our Bill to the judgment of those who know the evils of our present system of education and examination. Its proposals are bold, but they are not disproportionate to the evils to be remedied, or to the discredit which has been cast upon the system by which at present the education of the profession is regulated and tested. Similar proposals made in entire ignorance of the details of our Bill by men of acknowledged moderation only serve to show that the time is ripe for our scheme, and that any measure which does not involve its essential provisions will not meet the wants of the case. We invite criticism from all who earnestly wish for the efficiency and repute of the profession. We have especially to bespeak the opinions of the profession itself. We received assurances from all sides that our objections to the measure of last session were valid. Our highest gratification would be to carry the judgment and approval of the profession with us in regard to this measure, feeling assured that only this is needed to carry it through Parliament.

The Bill in detail will be found elsewhere in our present issue. We have not hesitated to appropriate all that was good in the Bill of the Government, and for one important clause we are indebted to the Bill of the British Medical Association. With these qualifications the Bill is essentially our own. The essence of it will be found in a few clauses which we shall now briefly explain.

The first important proposal of the Bill, expressed in Clauses 3, 4, 5, and 6, is that of an organic alteration in the composition of the General Medical Council. By the first of these clauses the clauses of the Act of 1858 establishing the present Council are declared to be repealed; and by Clauses 4, 5, and 6 of the present Bill a new Council is created, twelve in number, and composed of four representatives of the Crown, four of the profession, and four of the existing licensing bodies, or, as they are called in the Bill, the medical authorities. We challenge discussion as to this Council. The faults of the existing Council are that it is too large, and that all but the Crown members wear the badge of a medical authority, and look at public and professional questions through the medium of their particular "body." The largeness of the Council leads to great expenditure of money, so that last year seven or eight hundred pounds more than the income were expended, and to great diffuseness and inconclusiveness of discussion. We propose, then, a Council of only twelve members. Four members will represent the registered practitioners of the kingdom; the registered practitioners of England electing two, and those of Scotland and Ireland respectively one. For England there will be two Crown representatives, for Scotland one, and for Ireland one. The corporations and universities of each division of the kingdom will amalgamate or combine to elect in England two representatives, and in Scotland and in Ireland respectively one. Mr. Charles Hawkins, in his able letter to us, proposes a Council of twelve in which representatives of corporations and other medical bodies are conspicuous by their absence. And undoubtedly there is much to be said for the exclusion from a controlling body of the bodies to be controlled and regulated; but we have thought it, on the whole, better, if not due to the corporations, to give them a representation in the General Medical Council. They will no longer, however, be the predominant influence in the Council, but will be as one-third to two-thirds. Here, then, is a small, compact, independent, and intelligible General Medical Council, which contrasts favourably, we submit, with the present medley of competing bodies. Not only is the Council smaller and less representative of the medical authorities, but its power is authoritative and complete. Moreover, to the extent of one-third it is to be elected by the profession itself, who will thus be made to feel an interest in its doings and in its efficiency. We have assigned no separate power to the Crown or the Privy Council, for the simple reason that the Crown members will constitute one-third of the Council, and will be amply supported in all matters touching the public interest by the members representing the profession. It is important that the power of the Council should be complete, even to the right of refusing registration of qualifications granted on insufficient grounds. Not only is the General Medical Council of our Bill a smaller and more independent and authoritative body than that at present existing, but it is to have a new function, and this brings us to the second great feature distinctive of our Bill.

The General Medical Council is to elect an Examining Board for each division of the United Kingdom, to be called the "National Medical Examining Board." The

examinations of these Boards must be passed by everyone before any other medical qualification can be obtained. In other words, we have adopted Clause 18 of the Government Bill. The one-portal entrance to the profession will be through one of these boards; but it will be found that provision has been made for *passing the examinations* of the Universities or other representatives of the higher medical education previous to passing the State examination, with the proviso that the degree or title for which he has been thus examined shall not be conferred on the candidate until he has passed the State examination. The fee for examination will be small, and will leave the successful candidate both money and disposition to affiliate himself very much as at present with one or more of the medical corporations. We need not say that the examinations will be at once thorough, practical, and clinical. Their efficiency is to be secured in two ways: first, the Council is to be required to appoint only men fitted for the peculiar work of examining. They will have no questions of honours or seniority to hamper them in their choice. The Council will thus be responsible for the efficiency of the Examining Boards. But not only so, we have provided another guarantee for both the efficiency and uniformity of the examinations in the appointment of Inspectors of Examinations, who shall visit the different boards in rotation, and report to the Medical Council. The visitation of examinations by the present Council has been beneficial; but in the very nature of the case it has been uncritical and insufficient. The Inspectors we propose will be the servants of the General Medical Council, and will have nothing to consider but its regulations and its standards. Moreover, these Inspectors will be empowered to visit the examinations of the medical bodies for their various qualifications, and required to report. The licence to be granted will be granted by the Medical Council, signed by the President and the members of the Executive Committee. All local distinctions of Scotch, Irish, and English qualification will thus be abolished, carrying fully out in the Register the great design of the Act of 1858—to abolish all mere territorial distinctions and restrictions.

There are various miscellaneous clauses in our Bill which will be of interest to medical men according to their qualifications; such as Clause 31, making special provision for the complete qualification of men having now only one medical qualification. But these are questions of infinitely less importance than the Medical Council and the system of examination and inspection which we propose. It will be seen that the Bill provides, in the interest of the public, an examination practically independent of the examinations of the bodies, which have been too dependent for their existence upon licensing men. It does for the public what the Army and Navy Boards do for the public services. If it be said that this is a slur upon our corporations, it is not a greater slur than the Bill of last year to which the present Council assented, or than exists in the special Examining Boards of the Army and Navy. We hope this will not be said. The Bill we submit to the profession will really leave the Corporations and Universities more independent, and will not practically, we trust, diminish the resources of any of them that deserve to be continued in wealth and honour. It is proposed in no spirit of malice towards them, but as the only practical way of raising our examining system above suspicion, and so maintaining and elevating the reputation of the profession. We cordially invite the criticism of all interested in the matter. It is highly important that all who wish to secure legislation for the settlement of these questions should combine, and we venture to hope that the measure we publish to-day will unite the profession on the subject.

IT has so happened that the progress of events has lately rendered vacant several offices and appointments of a kind to which the higher class of medical practitioners aspire, and for which there has been more or less competition. In many of these cases it has been suggested that THE LANCET might say something about the respective merits of the competitors; and hence it has befallen that there have come to us several more or less bulky works, containing printed copies of documents that are called testimonials. Each volume has usually been edited by the candidate to whom it has referred; the editing consisting of a statement of his own view of his particular claims to preferment, and of a careful revision of the titles of those by whom the testimonials were written.

Now we are bound to say, before we proceed further with this subject, that we acquit the unfortunate candidates of any other blame than such as may attach to facile compliance with an evil custom. But we beg them to consider, by the light of their past experience, whether it is possible for a gentleman to seek, collect, and then publish, a number of testimonials, without sustaining some loss, at all events of self-respect, even if not of the respect of others; and we would ask all intending candidates to consider this question still more carefully and seriously. It is a rule in some old institutions that a candidate must send in "an application and testimonials"; and when this is so of course the rule may be complied with. But it should be complied with in the letter only—by sending two testimonials to the secretary as a matter of form; not by printing two hundred in a book, and despatching it by paper post to every corner of the three kingdoms. The latter proceeding appears to be intended as a direct and degrading advertisement of personal merits, and we do not see that there is a single word to be said in its favour. Even in cases where selection is made by a large and scattered body of governors, these, if they are either wise or conscientious, will appoint a committee to report upon the claims of candidates; and, if they happen to be neither, any merits which testimonials set forth will have absolutely no weight with them. As a matter of fact, elections are constantly determined on a

variety of grounds to which a testimonial could scarcely even allude; and the choice that is made usually turns upon some question that only those understand who are behind the scenes.

Even if this were not so, the multiplication of testimonials would be wholly useless, and their evidence of no value. There may be exceptional cases, but nearly every testimonial-giver has his particular groove; and falls into his usual form of words with very little reference to the merits of the candidate, and with still less to the nature of the application. The testimonials given by—let us take a fictitious name, and say—Sir SCALPEL HAUSTUS, are as much alike as a series of faces by KENNY MEADOWS; and we would undertake to recognise the work of any popular artist in laudatory letters without having the slightest need to look at his signature. Of course there are certain blanks in his form, and certain differences in his drapery; but, whether he is testimonialising a would-be northern professor, or a would-be surgeon to a general hospital in the provinces, or a would-be surgeon to a special hospital in London, or an ex-student of his own school who is a would-be parish doctor, there is always the same ring in the metal, and the same stamp of the die. If there were any geese in the profession, we should venture to say that all Sir SCALPEL'S geese are swans; but, as matters actually stand, the comparison will not hold good. And, if the excellent Baronet's evidence is worth having, it is manifestly unjust that it should be given only to one candidate. We do not know whether it is actually thus restricted; but, if so, we at least feel sure that it is given to the first who asks for it; and we think that this ought to be stated in fairness to the rest. Again, it often happens that a man is a candidate for some appointment requiring special knowledge;—say for the surgeoncy to a new hospital for the Diseases of the Great Toe. He has written a book to show that an in-growing nail ought on no account to be cut; and his chief rival has invented a pair of scissors by which the cutting may be accomplished with previously unattained ease and celerity. Each man beats up his friends for testimonials from personages of medical celebrity, but who, perchance, do not practise upon great toes, and know nothing of the question in dispute. Drs. A, B, and C write in terms of glowing praise of Mr. JONES'S well-reasoned, elegant, and conclusive treatise; Drs. X, Y, and Z, of Mr. ROBINSON'S most ingenious contrivance for the cure of the particular malady for which the valuable institution was established. How are these letters to assist non-medical electors in appointing the best man? And here, indeed, we arrive at the chief mischief of the system, a mischief inseparable from it—its unfairness. The high-flown testimonial given by Sir SCALPEL HAUSTUS to A may possibly prevent B, who is in every respect more fitted for the post, from obtaining it. The testimonial-giver does not write with a knowledge of all the candidates, but only with the desire to do a good-natured thing by one of them.

And, if this be so, are we not justified in looking to the heads of the profession to stop the way in which testimonials are now given and used? Does it conduce to the love or practice of veracity that a physician or surgeon in large practice should be called upon to testimonialise a man of whom he only knows that he has twice or thrice been called by him in consultation? And when, as sometimes happens, the man who is to be testimonialised is thought by competent judges to be entirely unworthy of the praise bestowed upon him, the result of this praise is to lay snares for the feet of the younger members of the profession. They have perhaps been struggling, under some difficulties, to keep their heads clear and their hands clean—to learn their work well and to do it honestly; and they see preferred to them, on account of testimonials from eminent men about matters with which they are unacquainted, someone whom they justly regard as being far inferior to themselves.

THE question of the admission of female students to the wards of the Edinburgh Infirmary is still vexing the metropolis of the north. The ladies have addressed the managers of the infirmary in a very well expressed memorial, and the managers have invited the whole of the medical and surgical staff to a conference upon the subject. We mentioned last week that Professor BENNETT, Dr. GEORGE BALFOUR, and Dr. WATSON were in favour of the admission; and that Professors MACLAGAN, LAYCOCK, SANDERS, and LISTER, Drs. GILLESPIE, GRAINGER STEWART, JOSEPH BELL, HALDANE, CLAUD MUIRHEAD, ARGYLL ROBERTSON, JOHN DUNCAN, T. R. FRASER, and Mr. WALKER were opposed to it. Under these circumstances the managers could hardly do other than refuse it; and they did so by ten votes against six. It is reported that the ladies intend to try, in a court of law, the right of the managers to exclude them. They maintain, or are advised, that as registered medical students they are entitled to admission. Upon this point, of course, we can express no opinion.

We must, however, refer to one passage in a memorial addressed to the managers of the infirmary by two of the lecturers in the medical school, Dr. HANDYSIDE and Dr. PATRICK HERON WATSON. These gentlemen support the prayer of the ladies upon various grounds; and, among these, they allege: "That the class of society to which these eight female students belong, together with the reserve of manner and the serious and reverent spirit in which they devote themselves to the study of medicine, make it impossible that any impropriety could arise out of their attendance upon the wards as regards either patients or male pupils."

Against this argument we must strongly and entirely protest. The question at issue has no reference whatever to the eight ladies who now seek admission; but to the possible or probable results of permitting an unlimited admixture of female with male students for all future time. Drs. HANDYSIDE and HERON WATSON would have make it appear that observations directed only to the principle at issue are levelled at Miss JEX-BLAKE and the ladies now associated with her.

We regret to be compelled to add that the male students have again disgraced themselves. We read in the *Globe* of Monday that on Friday last they attempted to prevent the ladies from entering Dr. HANDYSIDE'S lecture-room, that they then made such a disturbance that the lecture could not be continued, and that they finally mobbed the ladies

down the street until four of the ringleaders were arrested by the police. We spoke far too lightly of the riot on the occasion of Professor SIMPSON's lecture, and we have no words adequate to express our condemnation of such conduct. We entirely sympathise with the brave and resolute women, although we think that their present request should be denied. To have been a student at Edinburgh in 1870 will, for the future, be regarded as a disgrace to be concealed after such a cowardly exhibition as that which has taken place there.

FROM all we can hear of the different hospitals and methods of treatment that are adopted in the military hospitals of the belligerent armies on the Continent, we do not think that our countrymen are likely to gain much information in sanitary matters, hospital arrangements, or the details of military surgery. To many observers it has been a matter of surprise that a larger amount of disease has not arisen out of the neglect of sanitary precautions evidenced on all sides; and the surgeons with whom we have conversed, or from whom we have received communications, do not rank the German surgeons' regard for cleanliness very highly. English surgeons are, as a rule, scrupulously cleanly, especially in all their operative procedures. Our countrymen were much struck with the contrast afforded by the conduct of the Germans in this respect, as well as by the comparative absence of those refinements on which we pride ourselves. The military hospitals on the Continent cannot for a moment be compared, in their opinion, with those of our own service as regards cleanliness, order, and arrangement. It is somewhat surprising, too, to find that wounded men in hospital have no special diet, but are expected to consume the field ration, which we should imagine few English patients, at any rate, would be able to do. It is clear that the Germans are a very hardy race, capable of consuming coarse diet with gusto, and their enemies cannot deny that they turn this ability to uncommonly good account in fighting and marching.

Medical Annotations.

"Ne quid nimis."

MEDICAL TEACHERS' ASSOCIATION.

THE annual general meeting of this Association was held on the 18th inst., when the following officers were elected for the ensuing year: President, Mr. Campbell De Morgan; Treasurer, Dr. Sibson; Hon. Secretaries, Mr. Henry Power and Mr. Christopher Heath.

The following proposition, referred to the annual meeting by the general meeting held in March last, was then considered: "That after the establishment of an efficient system of examination it would be expedient that the certificates of attendance on lectures required by the examining boards should be abolished." In the discussion which ensued, considerable divergence of opinion was shown as to the expediency of retaining or abolishing the present schedules of attendance; and eventually the question was postponed until it should be seen whether a more perfect system of examination was likely to be introduced by some agreement between the examining bodies.

Mr. Heath then introduced the question of the possibility of carrying out some scheme for the amalgamation of the medical schools for the purposes of scientific teaching. He recalled attention to Professor Huxley's address already published in THE LANCET (June 4th, 1870), and believed that all teachers were aware of the difficulty of getting well-qualified teachers of the more scientific subjects of medical study for eleven schools, which he thought might be advantageously amalgamated into four. The average number of new pupils in London each year was four hundred, and this would give one hundred to each of the four schools. Mr. Heath thought that lectures on the three subjects, Medicine, Surgery, and Midwifery, might conveniently be delivered, as now, at the several hospitals, and that the clinical teaching would go on as at present, only students would have the advantage of seeing the practice of more than one set of medical officers. He believed that such a system would work much better, and would pay better, than the present, by which the fees were frittered away. Mr. Chas. Hawkins supported the scheme of amalgamation, and explained that a diminution in the number of dissecting-rooms would enable him, as Inspector of Anatomy, to give a better supply of subjects than at present. Dr. Sibson agreed in general with the spirit of amalgamation, but maintained that a large number of beds was not essential for good clinical teaching, if the out-patient department was properly utilised. After some little further discussion, the debate was adjourned to the meeting in January.

THE PREVALENCE OF SMALL-POX.

EIGHTY-FIVE deaths from small-pox have been registered during the last fortnight in London, and the Registrar-General states that so large a weekly number of fatal cases has not been recorded in any week since April, 1867. More than half of these 85 deaths occurred in the Eastern metropolitan group of districts, and the extent to which the disease is diffused in that locality is apparent from the fact that fourteen out of the twenty-seven sub-districts forming that group have contributed fatal cases during the fortnight. Only 7 out of the 85 fatal cases were returned as having been vaccinated; in 29 instances the medical certificates attested the fact that vaccination had not been performed; while as regards the remaining 49 cases no information as to whether vaccination had or had not been performed was given in the certificates of death. Among the victims were 19 persons aged from twenty years upwards.

At the meeting on Saturday last of the Metropolitan Asylums Board the rapid increase of small-pox was referred to; and it was mentioned that, while the Small-pox Hospital is quite full, there are now more than 200 cases under treatment either at the houses of patients or in the London workhouses. As the new Small-pox Hospitals will not be ready for occupation for some months, it was resolved to open the temporary hospital at Hampstead, which was used at the beginning of the year for relapsing fever. The Committee was authorised to engage officers and nurses without delay, and to provide the necessary supplies, requesting the Poor-law Board to dispense with the formalities which would be likely to cause delay. It is expected that the hospital will be ready for occupation next week. The tendency of small-pox to increase of late in the metropolis is, we hope, being closely observed by those who are responsible for the working of the Vaccination Act.

In each of the three completed quarters of the present year there has been a progressive increase in the number of deaths from small-pox as returned to the Registrar-General by his 2197 subordinate registrars throughout the country. Analysis of the Quarterly Returns shows that this

increase has been confined mainly to the metropolis, and to certain localities in Wales, Durham, Wiltshire, and Berkshire. In the counties of Chester, Lancaster, and York, containing our largest manufacturing towns, there has been a marked decline in the fatality of the disease, while in the West Midland counties (including the potteries, and what is known as the "black country"), there have been only 10 deaths returned in nine months, out of a population not far short of that which in London has yielded 374 deaths in the same period. The following ten English counties have not had a single death amongst them from small-pox this year:—Northampton, Huntingdon, Bedford, Dorset, Hereford, Worcester, Nottingham, Derby, East Riding of Yorkshire, and Westmoreland. The occurrence, during the September quarter, of 7 at Eton, 11 at Salisbury (all but one unvaccinated), 5 in the Collumpton sub-district of Tiverton, 15 at Warrington, 7 at Bingley, 9 at Batley, 12 in part of the Guisbrough union, 13 at Stranton, in the Hartlepool district, and 70 at Swansea, may be commended to the notice of the Medical Department of the Privy Council, as probably indicative of the baleful influence of the anti-vaccination crusade. The registrar of Luton, where the straw-plait workers are congregated, states that "vaccination is entirely disregarded" in his district. One registrar notes that the disease was brought into his district "by a young woman coming from London with the eruption out upon her," but which at the time she states she did not know was small-pox. Seven cases and one death resulted from this unfortunate and most lamentable exhibition of ignorance, the victim being a married man, who has left a widow and five children to bear sad testimony to the inefficacy of our existing laws for preventing the spread of infectious disease. In another part of the country small-pox was imported by a travelling family stopping at a lodging-house, a married woman living next door to that house taking the disease fatally. At Spalding (in Lincolnshire), the registrar says there have been several cases of small-pox, but no deaths; and the same remark is made in respect of other places. This supplies another argument for the registration of disease, inasmuch as the record of fatal small-pox cases obviously fails to show the extent to which the protective influence of vaccination affects the actual prevalence of the disease.

MILK AS A MEDIUM OF TYPHOID.

DR. BALLARD read a paper to the Association of Health Officers, on the 19th instant, giving the results of a most exhaustive and exemplary inquiry into the causes of the localisation of the recent outbreak of typhoid in Islington. Dr. Ballard, after considering other possible theories, left no doubt in the mind of any listener that the typhoid was distributed from a dairy; that it was sent out with the milk, and even occurred in proportion as the milk was drunk. The proof of these conclusions was as nearly perfect as evidence in such matters can be. The customers of the dairyman—who, by the way, himself died of typhoid—had the disease in so much greater a degree than the rest of the community among whom they lived, as to be significant. Of 140 families supplied with the milk, 70 had typhoid. Then, although the great majority of the cases occurred within a very limited area, and in close proximity to the dairy, a few cases occurred at a distance, in the houses of families supplied from the dairy. Thus, in one long road a mile and a half from the dairy, there were three families thus supplied with milk; two of these had typhoid in them, and they were the only houses in which the malady occurred. In another near neighbourhood four families were thus supplied, of which three were attacked with typhoid, they, too, being the only cases of typhoid in that part. These are very striking statements; but they would be more so if there were a registration of sickness, without which it does not seem to us that we can be sure that there were no other cases. Very curious instances were detailed of individual members of families contracting typhoid who alone in the family had been in the way of getting this deleterious milk. But in the families supplied females were attacked in decidedly larger proportion than males. Then there were very few solitary cases in the families served from the dairy. There were generally several cases in a family, and these, for the most part, occurred in the most milk-drinking members of it. Dr. Ballard had every assistance from the relatives of the dairyman in the investigation, and was supplied with a list of the customers, which revealed the above curious facts. It should be said that Dr. Ballard did not bring any charge of gross admixture of water with the milk, but rather seemed to believe that the disease was conveyed by the little water left in the milk-cans which had been used in washing them, and which was taken from a tank communicating with the drains. This supposition is perhaps more charitable than convincing. One of the first cases, if not the very first case, of typhoid occurred in a boy working at the dairy.

On the motion of Dr. George Buchanan, who characterised Dr. Ballard's paper as a piece of the best and clearest medical reasoning he had ever heard, the communication will be published by the Association.

KOUMISS.

To many of our readers the name, nature, and composition of koumiss will be perchance unknown. Koumiss is prepared from mare's milk, a beverage which the nomadic tribes of Bashkirs and Tartars drink in a state of fermentation. Dr. Victor Jagielski, late a physician of the Prussian army, has been led to consider, in common with many physicians of Russia and Germany, that the popular belief of these people, which ascribes their exemption from consumption, bronchitis, and other diseases to the almost exclusive use they make of koumiss, has a considerable foundation in fact. One of the first persons to direct attention to koumiss as a dietetic and therapeutical agent was a Dr. Grieve, F.R.S. Ed., who held the post of physician to the Russian army. The best koumiss is manufactured in the government of Orenburg, especially on the large estates of Istchoff, in the village of Kilimow, in the district of Beleber.

Koumiss institutions, supported by the Imperial Government of Russia, are now existing in Samara, under Dr. Postinkoff; in Odessa, under Dr. Levenson; and in Moscow, under Dr. Stahlberg. These establishments are preparing their koumiss from mare's milk; but within the last ten years institutions have been founded nearer to the centre of Europe, where koumiss is prepared from cow's milk, as in Warsaw, under the management of Dr. Przystanski. In St. Petersburg, and many other towns of European Russia, there are also institutions where koumiss is prepared from cow's milk by workmen brought expressly from Tartary, as well as in Charlottenberg, near Berlin, and in Ottenstein in Saxony.

Drs. Lersh, Schwepp, With, and Stahlberg, give a favourable opinion as to its effects as a remedy. When a Russian physician advises his patient to take koumiss, the latter at once conceives the idea that he suffers from consumption; and in fact the belief in the power of koumiss in this disease is said to have taken such root, that patients use it of their own accord, without any appeal to medical advice.

Dr. Jagielski's object in publishing his pamphlet is to get the properties of this remedy tested in this country. The chemical changes set up in the preparation of koumiss arise out of

the milk-sugar by its fermentation into alcohol, carbonic and lactic acids. The trial of this agent at the Brompton Consumption Hospital has been too limited to warrant any decided opinion as to its value; but, if we may judge from the highly favourable opinions entertained of its virtues by various physicians abroad, it seems deserving of attention in this country.

Maclay, the Russian zoologist, who has travelled in Tartary, and is conversant with the use of koumiss in those districts where it is constantly employed, speaks of it as a dietetic and restorative agent of great value. We should be glad to see an extended trial made of this agent at some institution in England; but the difficulty is that it is almost impossible to separate the effects arising from the improved diet which phthisical patients receive in hospital from those of remedial agents.

LEGISLATION FOR THE METROPOLIS.

THE Metropolitan Board of Works, relieved for a season from the anticipated revolution in its constitution which has been foreshadowed by the Home Secretary, has girded up its loins, and vigorously prepared itself to show that in its later years it has a *raison d'être*, even as it had in the beginning of its career. Granted another year's lease of power, a new Chairman for that period has been chosen in the person of Colonel Hogg, one of the members of the Board; and various public notices have been advertised betokening that metropolitan interests are not to be lost sight of in the next session of Parliament. The measures which the Board has announced its intention to promote involve the better regulation of the supply of gas to the metropolis, the purchase of Hampstead-heath (so as to secure it for ever as a place of recreation for the public), the acquisition for the public benefit of all rights in and over the garden or inclosure of Leicester-square, and the disposal of the London sewage. Notices have likewise been given of a Bill to compel the London Water Companies to adopt the system of constant supply, to improve the quality of the water, to reduce their rates of charge to the consumers, and to provide a more summary method of recovering penalties against them. Powers are also to be sought on behalf of the Corporation of London and the Metropolitan Board for the purchase of the rights of the said Companies, if that should hereafter be thought desirable. We can only hope that, as regards this list of measures, every one of them necessary to the welfare of the metropolis, the performance will not fall short of the promise.

THE BATH IN THE HOUSE.

MUCH has recently been said and written with a view of encouraging the more extensive use of the bath in this country, and a certain stimulus has been given to its employment as a luxury, especially by the more wealthy, and those upon whose hands time hangs heavily; but we doubt if any real progress has been made in bringing the public generally to perceive the importance of the bath as an everyday measure for preserving health and preventing disease. The deficiency of bath accommodation in modern houses is one of their most striking peculiarities, and there can be no doubt that this is in keeping with the habits of the majority of men and women, who are entire strangers to anything that can be called a thorough daily ablution of the surfaces of their bodies. In practice, cleanliness is estimated rather by the frequency with which their under garments are renewed, than by the removal from the body itself, by means of a liberal allowance of soap and water, of the products which are constantly being thrown off by it. It has been said that the different nations of the world are as much distinguished by progress in cleanliness as by advance in the arts and sciences; and the more a country is civilised, the more its inhabitants cultivate the former part of politeness. It is difficult to trace the connexion between the two things in our own country; certainly there is no approach with us to the condition of the Romans at the period of their highest civilisation, when, for 500 years, Rome had no physician but the bath; and manly vigour and rude health were felt to be the consequence of the universal practice of bathing. In the city itself, under the emperors, there were more than 800 magnificent buildings devoted to the use of bathers, and Pliny tells us that in some instances the bath was entered as many as seven times a day by the same person.

We have no wish that our countrymen should imitate the extravagant excesses of which the Romans were guilty in the use of basins made of silver and the most precious and rare marbles; but we should hail with satisfaction the development of a greater love for the bath, especially amongst the inhabitants of crowded cities and those who follow sedentary employments, and a more general appreciation by healthy men and women of the promotion of the activity of the skin as one of the most important points to be attended to in their every-day life,—the bath being taken, not as a luxury, but as a means of purifying the vital fluids, of restoring tone to the nervous system, and stimulating the powers of the body for a better performance of physical and mental work. It ought ever to be incumbent upon owners of property to provide suitable—if cheap—bath accommodation in every house that is built.

MICROSCOPIC OBJECTS FOUND IN CHOLERA EVACUATIONS.

WE have received a copy of the official Report on this subject by Assistant-Surgeon Lewis, M.B., who, it will be remembered, was specially detailed to proceed to India to investigate into the truth or otherwise of the hypothesis which had been put forward by Professor Hallier, of Jena, and others, as to the fungoid origin of cholera, and the theory of the connexion existing between cholera and certain conditions of the soil promulgated by Professor Max von Pettenkofer, of Munich. That Mr. Lewis has displayed the greatest care in studying his subject is clear; and it is equally clear that he possesses the scientific tact and skill necessary to carry out a difficult investigation of this kind. The Report is well done, and admirably illustrated; but the results are, as regards our knowledge of cholera, mainly negative in character. These results, as respects the hypothesis of Professor Hallier, may be summarised as follows:—

That no "cysts" exist in choleraic discharges which are not found under other conditions. That the cysts or "sporangia" of fungi are but very rarely found under any circumstances in alvine discharges. That no special fungus has been developed in cholera stools, the fungus described by Hallier being certainly not confined to such stools. That the still and active conditions of the observed animalculæ are not peculiar to this disease, but may be developed in nitrogenous material even outside the body. That the flakes and corpuscles in rice-water stools do not consist of epithelium, nor of its débris; but that their formation appears to depend upon the effusion of blood-plasma; and that the "peculiar bodies" of Parkes found therewith correspond very closely in their microscopic and chemical characters, as well as in their manifestations of vitality, to the corpuscles which are known to form in such fluids. These are generally, to a greater or less degree, associated with blood-cells, even when the presence of such is not suspected, especially as the disease tends towards a fatal termination,

when the latter have been frequently seen to replace the former altogether. Finally, that no sufficient evidence exists for considering that vibriones, and such-like organisms, prevail to a greater extent in the discharges from persons affected with cholera, than in the discharges of other persons, diseased or healthy; but Mr. Lewis is unable to prove or to disprove whether the vibriones, bacteria, and monads (micrococci) are peculiar in their nature, or whether they are able to give origin to peculiar phenomena in a predisposed person.

MEDICAL LEGISLATION IN CANADA.

AT the third annual meeting of the Canadian Medical Association, held in Ottawa, Province of Ontario, on the 14th and 15th of September, the draft of a Medical Bill for Canada was submitted to the meeting. The Bill was substantially based on our own Medical Act of 1858 and the Bill of the Government of last session, and (after incorporating the medical profession of Canada under the name and style of the College of Physicians and Surgeons of the Dominion of Canada, and making every man holding a licence to practise a member of the said College), included provisions for a General Medical Council having power to regulate medical education, to keep the Medical Register, to appoint an examining board to be passed as an indispensable condition of registration, &c. We wish we could approve the Bill as amended by the Association; but we cannot. The fact is, that the existence of innumerable medical schools and universities is a great evil in Canada, as in the United States, and, for that matter, we might add at home. And this fact has seriously hampered the promoters of the Bill, many of whom have very clear ideas of the simple wants of the case. The Council is to consist of no less than thirty members, each school and university conferring degrees to have a representative. About seventeen schools or universities are thus to be represented; the other members are to be chosen to represent the profession directly. The influence of the schools pervades and spoils the Bill. The Council is to appoint a board of examiners for the whole dominion, to be elected from the schools and the profession in the proportion of two-thirds to one. Not only are schools to predominate in the examining board, but after the candidate has passed this board he cannot be registered until he has obtained a degree or diploma from one of the universities or schools.

We should advise the Association to reconsider its Bill, and to have a much smaller Council. One good clause in the Bill has been modified, and not improved—that requiring the sanction of the Council for the establishment of any new school of medicine in the dominion. As altered, the Council is not bound to recognise any medical school not in operation at the time of the passing of the Act. The discussion was a very creditable and interesting one. But we warn our Canadian brethren against committing the errors of our medical reformers in 1858, the rectification of which proves so difficult.

THE ETIOLOGY OF SCARLATINA.

WE would earnestly direct the attention of medical observers to the relation between the various kinds of sanitary defect and the origin, course, and spread of scarlatina. The first is a matter of the very deepest moment, and, although the disease spreads for the most part by contagion of a most subtle kind, there are observers who, like a writer in *The Times*, believe that it may rise spontaneously under certain conditions, which, to say the least, have not been well made out. Nevertheless it must be admitted that there are some remarkable cases in which it seems scarcely possible to explain the origin of the disease in any other way; and there are no very valid reasons why scarlatina should not be caused by some peculiar local state of the air, just as typhus results from overcrowding, typhoid from excrement effluvia, or ague from malaria. The difficulty of exact proof may be great, but the accumulation of evidence can alone settle the point. But if such conditions do not cause scarlatina, there can be less difficulty in determining the influence of local sanitary defects on the course of the disease and the virulence of its infection. Nothing is more remarkable than the variety of experience on the first point. Medical men are found who seem to enjoy a peculiar success; they rarely find the disease fatal, and are astonished at the weekly returns of the numbers dying from it, and it may be that their patients suffer only from the milder forms in consequence of the excellence of their sanitary arrangements. On the other hand, there are many who find, on careful research, that the malignancy of the disease has a very close connexion with sanitary defects. Notwithstanding these broad distinctions, it must be acknowledged that the vagaries of scarlatina are extremely puzzling. Cases of a malignant type are found in isolated cottages on heaths far removed from villages, and it is certain that more exact observation is required to trace their origin and history. The present epidemic affords great opportunities for a thorough investigation, and we shall be glad to receive information on the subject.

THE PUBLIC MEDICAL SERVICES.

NOTICE has been given by the Indian Government that it has been determined not to hold an examination in February next for admission to the Indian Medical Service. This determination will press hardly upon those candidates who were disappointed of an opportunity of entering the service last August, and who—notably Dr. Chunder Roy—have come over from India specially to enter the Indian covenanted service. It will be of no advantage to these native gentlemen that the British army is to be open again to candidates, since, even if they are eligible, all their belongings are in India, and their health would not allow of their serving in cold climates. We think a special exemption might be made in the case of the half-dozen surgeons of Indian extraction who are now in England, and a species of limited competition instituted for their benefit, since the service cannot well afford to lose the services of gentlemen familiar with Indian dialects. The British army and navy will, therefore, be alone in the medical market next February, and it is not difficult to predict which service is likely to get the best men. It is not to be expected that many young men will don the blue rather than the red coat, unless greater attractions are offered by the Admiralty.

INDIAN CHOLERA.

EVERY now and then an outbreak of cholera takes place in some part of India, the cause of which seems to be quite inexplicable. Here is an occurrence of this kind. Early in February last the cholera broke out among the prisoners of the [illegible] gaol in the North-west Provinces. We take the facts from *Allen's Indian Mail*. By the 9th of the month it became epidemic, attacking seventy-five prisoners in six days. From [illegible] the 23rd February, eighty-six cases of cholera and [illegible] March 6th the scourge reappeared, and [illegible] were attacked, after which it ceased. The gaol [illegible] by the surgeon to be remarkable for its cleanliness and [illegible] leisure; the season of the year was early, and [illegible] from choleraic symptoms had been admitted [illegible] prison. The first victim was a strong, healthy sweeper, who had been five months at the gaol, and the second had been nineteen months

there. The ground on all sides of the building falls naturally towards the drains, and there were no sanitary defects of any kind to which the outbreak could be ascribed. During the previous six years only seven men in Jaunpore gaol had been attacked by cholera, and all these cases happened in August 1869, and were all treated in one barrack. Only a solitary case of cholera occurred in February in this part of the gaol, and that did not take place until thirty-five cases had occurred elsewhere. Its possible connexion with unwholesome food was not substantiated in any way. To sum up the matter, the medical officer was quite unable to connect the origin of the epidemic with any cause within his cognisance. We are not told whether the drinking water was subjected to chemical analysis. When an outbreak of the kind occurs on so limited a scale as this, a really exhaustive inquiry can be undertaken with some hope of success, and we would strongly urge this being done on the occasion of any similar epidemic.

PHOTOGRAPHIC AIDS IN CLINICAL RECORDS.

The advantage offered by photography in illustrating the clinical history of disease has been utilised by the Americans in the establishment of a *Photographic Review of Medicine and Surgery*, which is announced to appear every second month, and with the object of accurately recording the more striking features in the external aspect of important cases of disease occurring in the hospital and private practice of the profession in the United States. Each number of the new journal—which is edited conjointly by Drs. Maury and L. A. Duhring, and published by the well known firm of Lippincott and Co., of Philadelphia—will contain four photographic plates, with appropriate notes and remarks. The first number, which has reached us, contains excellent illustrations of multilocular hydatid tumour of the thigh, with comments by Dr. Gross; a large meningocele in a child eight months old; several remarkable horny growths from a man aged seventy-eight, and keloid outgrowths from the neck and back of a negro, a native of Carolina; and these illustrations are of the greatest assistance in helping to a correct understanding of the text. If the editors can secure the contribution of similar communications in succeeding numbers—and we notice that many well-known American physicians and surgeons, such as Drs. Costa, Pancoast, Brinton, Packard, Weir Mitchell, Ashhurst, Harris, Allen, and Morton, have promised to become regular contributors—they will have made a valuable addition to the existing machinery for accurately recording medical and surgical facts, and earn for their journal a wide popularity and a large sphere of usefulness.

IN THE WAR-TRACK.

A medical man who has quite recently followed in the track of the war, and traversed the scene of the late battle-fields, informs us that all remains have been buried or removed, and that not the least offensive smell of any kind is now to be detected. The sanitary state of Metz and Strasbourg, however, was not good, and the senses encountered much that was offensive. There were many patients suffering from typhoid fever, dysentery, and typhus in the hospitals. Among the large number of cases of resection under treatment at different hospitals in the vicinity of the war, he did not see any examples of excised knee-joints, and, judging from the bad results that followed in those cases where the operation was tried, it is probable that there are none. Among the most gratifying cases was one in which a large piece of the clavicle had been excised, where the periosteum had been carefully preserved. An outgrowth of new bone had ensued, and the patient will have a good collar-bone, although somewhat more of it than he had before being wounded. Many cases of gunshot fracture of the femur had recovered without operation; and although shortening and deformity were generally present, the limbs promised to be very useful ones. Some of the hut-hospitals met with in different towns and places were admirable—well ventilated, cleanly, and cheerful. The Crown Princess and the Princess Alice are unremitting in their efforts to assist those labouring among the patients, and some of the best-managed and best-constructed hospitals owe their superior qualities to their having been "petted" by these kindly disposed ladies.

FOOTBALL.

According to the communication of "A Surgeon" in *The Times* of the 23rd instant, the game of football, as played at Rugby, must be as fertile a source of danger to the boys of that school as it is one of lucrative practice to the medical men of the neighbourhood. "A Surgeon" speaks of having been consulted within the last few weeks in different cases of injury resulting from the practice of "hacking"; and he proceeds to enumerate the following, which reads like the list of wounded after a smart "brush" with the enemy in the field. One boy with his collar-bone broken, another with a severe injury in the groin, a third with a severe injury to his ankle, a fourth with a severe injury to his knee, and two others sent home on crutches. If this be a correct statement, we certainly concur in thinking that the sooner the specialty about the Rugby style of playing football is dropped the better.

It has always struck us that "hacking" is a dangerous and brutalising practice. Regarding it from a common-sense point of view, the relative frequency of disease of the tibia is to be accounted for by the fact that it is more liable to injury than other bones from its more exposed situation. The consequences, however, of a severe blow from a cricket-ball, or of a kick, are often not immediate, but remote. Then, no boy who has been "hacked" by another is made better tempered thereby; and he will naturally seek an early opportunity to return it with all the interest in his power; and so the game becomes something different from what is understood by a manly exercise.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

At this Society on Thursday night, Dr. John Harley contributed an interesting paper (his third upon the subject) on the Endemic Hæmaturia of South Africa, caused by the lodgment of a parasite, the *Bilharzia capensis*, beneath the mucous membrane of some portion of the urinary passages. After a brief discussion, a paper by Dr. George Johnson, on a case of Traumatic Tetanus, terminating in recovery, was also read and discussed. Before the meeting separated Mr. John Wood exhibited a boy on whom he had operated successfully for extroversion of the bladder, and briefly described the peculiarities of the case and the mode of procedure.

MEDICAL CLERGY.

A suggestion has been made in *The Times* by an anonymous correspondent, and supported by the Rev. R. Cox Hales, for the formation of a medical order among the clergy. Those Fellows of the College of Surgeons who attend the election of councillors are familiar with the presence there of their episcopal brother; and the Rev. Dr. Bell is equally well known to all who take part in the annual gathering of the British Medical Association. The foregoing reverend Doctors have, we believe, abandoned medicine for divinity, and are simply instances of men who

left one calling for another that they believed to be more suited to them. This, however, is not at all the idea which is now put forward, and which contemplates, as we understand it, that the new order should combine medical and clerical functions. We do not think that the suggestion would work; but we are quite sure that, if it did, it would be an unmixed gain to the clergy. The rectors and curates of parishes in large cities and other populous places have quite enough work on their hands already in discharging their own functions, without entering upon others that can be only well performed by those who are specially trained for the work, and prepared to give all their time and attention to it.

PARIS AND ITS VEGETABLE SUPPLIES.

WE observe that more than one correspondent with the German forces before Paris describe having seen large numbers of people come out from the city and spread themselves over parts of the country protected by the forts, searching for vegetables. The inference drawn from this by the writers is that the Parisians are in the last extremity for food, and must, therefore, immediately capitulate. Such an inference is not well founded. This gathering of vegetables is easily explained as a measure of security against scurvy, which would be certain to attack the people after several weeks' siege if they failed to obtain a vegetable element to mix with their food. They may have a sufficiency of fresh animal food and bread, and if they continue, as they apparently do, to obtain a certain amount of vegetable material to combine with these, there is no reason why they should not go on enjoying a fair amount of health and strength. If, however, they fail to procure some kind of fresh vegetable juice, no amount of meat or bread will prevent the inhabitants becoming, sooner or later, prostrated and powerless with scurvy. This particular requirement, and not an absolute want of food, no doubt explains the sorties after vegetables. They are probably providing vegetables in anticipation of the time for the issue of salt rations. Happily for the Parisians, their wines possess a very considerable antiscorbutic property, which would at least assist in delaying the appearance of that which has always been the most terrible scourge of besieged cities.

THE ROYAL SANITARY COMMISSION.

THE public announcement of recent frequent sittings of this Commission gives colour to the probability that the critical stage of "considering their report" has arrived, in which case we may anticipate that no long time will elapse before an inkling of what is to be recommended to the Government as a basis for legislation will become known. If our supposition be correct, that an endeavour is to be made to frame a measure of sanitary reform upon the conclusions of the Commission for the consideration of Parliament early next session, obviously the report may be looked for before the close of this year.

BILLS FOR POOR-LAW EXTRAS.

IT is quite necessary that medical officers should send in to the guardians their account for extras every quarter. If they are allowed to remain over the financial year the guardians cannot pay them, and the auditor will not allow them without a special order from the Poor-law Board. Besides, if not paid at the moment, the delay affords an excuse to guardians for questioning the justice or propriety of the charges. If these are in accordance with the regulations of the Poor-law Board, and the account has been punctually sent in, it is not necessary to make verbal complaints, or enter into a personal collision with the guardians, since, in many cases, these gentlemen know very little of the case; as, for example, whether an operation has been properly performed, or a lunatic righteously removed. The medical officers have always a remedy in suing the guardians in the County Court—a proceeding much more expeditious, and generally more satisfactory, than an appeal to the Poor-law Board.

CHOLERA SHADOWS.

DR. SONSINO, the editor of *L'Imparziale* of Florence, in an article inserted Nov. 1st, 1870, considers that the disease is travelling now along the same route as in 1830—viz., from Astrachan to Central Russia, where it is now raging. It will be recollected that from Russia it formerly reached Berlin and Vienna, and spread over the rest of Europe. The author thinks that, at this early period, measures should be taken to prevent extension, in case the disease breaks out, by disinfecting the dejections of cholera patients. He firmly thinks, as did the late Dr. Snow, that the infiltration of such dejections through the soil poisons the springs and wells.

THE Committee of the Medical Club has issued a notice that, "as so many medical men have been compelled by the present war to leave France, and take up their residence in this country, the Committee will be happy to afford these gentlemen the advantage of honorary membership during their stay in England."

THE *Allg. Med. C. Zeit.* of Nov. 12th contains a short analysis of a work on Progressive Atrophy of Muscle, written by Miss Frances Elizabeth Morgan, M.D. of the University of Zurich. Miss Morgan has based her monograph on the cases observed by her in the clinical class of Prof. Biermer in Zurich, and discusses the subject, says the reviewer, in a masterly manner.

MR. BRUNTON, the medical officer of health to the local board of Redditch, in a report to the board on the water-supply of the town, states that, of 183 houses visited by him, 50 were without water, 29 were badly supplied, and 99 were well supplied. In many instances houses had been without water for months.

THE Richmond Vestry has thrown down the gauntlet to the Thames Conservators in the matter of the disposal of the town sewage. The Conservators refuse any further to extend the time allowed for the diversion of the sewage from the Thames, unless the Vestry will give an undertaking to complete the necessary works within twelve months; but this the Vestry declines to do, preferring to appeal to Parliament on the matter. The difficulty of obtaining land for irrigation purposes is alleged as the reason for the action of the Vestry.

THE East London Hospital for Sick Children has just received most timely help in the shape of a donation of £1000 from "G. H." Medical charities are, we are glad to see, especially favoured by these anonymous benefactors.

WE intimated that some of the English medical officers had actively exerted themselves during one of the fights before Paris. We learn that this was at the attack on Bougival, when Deputy Inspector-General Kerr Innes, C.B., was much commended for his devotion to the wounded. Mr. Innes still remains at Versailles, with the view of studying the system of medical administration, hospitals, and transport in the German army. In the action at Bougival, he is said to have had fourteen hours' work, assisted by Dr. Reichel and by Mr. Luckra of Berlin.

MEDICAL ACT (1858) AMENDMENT BILL.

[Proposed by THE LANCET.]

ARRANGEMENT OF CLAUSES.

PRELIMINARY.

1. Short title and construction.
2. Definitions.
3. Repeal of clauses of Medical Act (1858).

GENERAL MEDICAL COUNCIL.

4. General Medical Council.
5. Members of the Council.
6. President of the Council.
7. Advertisement of Elections.
8. Mode of election of Representatives of Registered Practitioners.
9. Mode of election of Representatives of Medical Authorities.
10. Provision in case of neglect of Registered Practitioners or Medical Authorities to elect Representatives.
11. Branches of Council for England, Scotland, and Ireland.
12. Time and place of meeting of General Medical Council.
13. Executive Committee of General Council.

REGISTRATION.

14. No person not a Licentiate to be registered, or to receive any other qualification.
15. Title of Licentiate not to be granted by Medical Authorities.
16. Qualification for Registration under this Act.
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EXAMINATIONS, ETC.

21. Council to appoint Examining Boards; Examinations for Licence to include practical examination in all branches of Medicine, Surgery, and Midwifery.
22. Preliminary Education.
23. Regulation of Professional Study.
24. Times of Examination for Licence.
25. Remuneration of Examiners.
26. Inspectors of Examinations.
27. Remuneration of Inspectors.
28. Foreign and Colonial Practitioners.
29. Penalties for unauthorised assumption of Titles, &c.

MISCELLANEOUS.

30. Persons to be qualified in both Medicine and Surgery.
31. Provision for Practitioners now possessing only one qualification.
32. Bachelor of Surgery.
33. Degrees or Diplomas of State Medicine.
34. Notices may be served by post.
35. Payment of Fees.
36. Majority of Medical Authorities to act.
37. General repealing Clause.

Schedules.

A BILL

INTITULED

AN ACT TO AMEND THE LAW RELATING TO THE QUALIFICATION OF PRACTITIONERS IN MEDICINE AND SURGERY, AND OTHERWISE TO AMEND THE MEDICAL ACT (1858).

Be it enacted by the Queen's Most Excellent Majesty, by and with the advice of the Lords Spiritual and Temporal, and Commons in this present Parliament assembled, and by the authority of the same, as follows:

Short Title and Construction.

1. This Act shall be construed as one with the Medical Act, 1858 (in this Act referred to as "the principal Act"), and with the Acts amending the same, mentioned in the first schedule to this Act, and those Acts and this Act may be cited together as "the Medical Acts 1858 to 187 "; each of those Acts may be cited by the short title in the said schedule mentioned, and this Act may be cited as "the Medical Act 187 ."

Definitions.

2. In this Act the term "British possession" means any colony, plantation, island, territory, or settlement within Her Majesty's dominions, and not within the United Kingdom. The term "General Council" means the General Council of Medical Education and Registration of the United Kingdom. The term "Medical Authorities" means, as regards each part of the United Kingdom, the authorities in that behalf mentioned in the second schedule to this Act. The term "Fundamental Medical Sciences" means Chemistry, Botany, Natural History, general Pharmacy, Anatomy, and Physiology.

Repeal of Clauses of Medical Act (1858).

3. Clauses 3, 4, 5, 6, and 9, of the Medical Act (1858) shall be and hereby are repealed.

General Medical Council.

4. In place of the General Council of Medical Education and Registration appointed under the Medical Act (1858) in accordance with the clauses repealed as above, a Council shall be established to be henceforth known as the "General Council of Medical Education and Registration," and to discharge the functions and employ the powers allotted to the Council in the Medical Act (1858) so far as they are consistent with the provisions of this Act and in this Act.

Members of the Council.

5. The General Council shall consist of twelve or thirteen persons, as follows:—Four shall be nominated by Her Majesty with the advice of her Privy Council; two of whom shall be appointed for England and Wales, one for Scotland, and one for Ireland. Four shall be elected, in the manner hereinafter provided, by the registered Medical Practitioners of the United Kingdom; namely, two by the registered Practitioners of England and Wales, one by the registered Practitioners of Scotland, and one by the registered Practitioners of Ireland. Four shall be elected, in the manner hereinafter provided, by the Medical Authorities named in the Schedule of this Act; namely, two by the Medical Authorities of England, one by the Medical Authorities of Scotland, and one by the Medical Authorities of Ireland. All these appointments shall be for a period of five years.

President of the General Medical Council.

6. The General Council shall elect a President from its own body, or from the profession at large, as may seem fit to the General Medical Council.

Advertisement of Elections.

7. Within one fortnight after the passing of this Act the Lord President of her Majesty's Privy Council shall cause to be inserted in not less than two of the weekly medical journals, and also in *The Times* newspaper, notices of the forthcoming election of representatives to the Council, and those notices shall be continued weekly for one month.

Mode of Election of the Representatives in Council of the Registered Practitioners.

8. As soon as may be after the expiration of one month from the date of the first of such notices respectively, but not less than fourteen days previous to the day appointed

for such election, the Registrar shall cause to be forwarded by post, to each registered medical practitioner resident in his part of the United Kingdom, a voting paper, in the form as near as may be set forth in the Schedule to this Act, containing the name or names of all persons who may have been nominated by not less than twenty registered practitioners as such candidates as aforesaid, with directions that the voter shall affix his initials opposite the name or names of the candidate he may select, and shall sign such voting paper in the presence of a witness who shall attest the same; and such voter shall transmit such voting paper, so filled up, signed, and witnessed, by post to the Registrar from whom he shall have received the same on or before a day to be named in such voting paper. The Registrar on the day succeeding that named in the notice and in the voting papers as the last day for receiving the said voting papers shall proceed to examine all the voting papers received by him up to twelve o'clock of the night of the previous day, and shall make up the returns therefrom; and such Registrar shall reject all voting papers not duly signed and attested, and also all voting papers by which votes are purported to be given for more than two representatives in England, or for more than one representative in Scotland or one in Ireland, at the first election to take place under this Act, or for more than the number of vacancies in the General Medical Council for the time being at any subsequent election. Having correctly counted the number of votes duly given by such qualified voters for such qualified and nominated candidates, the Registrar shall make and sign a return declaring the person or persons for whom the greater number of votes shall have been given in England, in Scotland, and in Ireland, as the case may be, and such person or persons respectively shall be a member or members of the General Medical Council; and the Registrar shall attach to such return a tabular statement of the names and addresses of the several candidates and the number of votes given for each, which tabular statement he shall file in his office, and shall forward a copy thereof on the day of the date thereof to the General Medical Council.

All expenses attendant on such elections respectively shall be defrayed out of the funds at the disposal of the Branch Council for the respective division of the United Kingdom in which such elections shall have been held.

Mode of Election of Representatives in Council of Medical Authorities.

9. The election of persons to represent the Medical Authorities in each part of the United Kingdom in the General Medical Council shall be conducted as follows:—(*a*) Within two months after the passing of this Act the Medical Authorities in England shall conjointly elect two persons to represent them in the General Medical Council. (*b*) Within two months after the passing of this Act the Medical Authorities in Scotland shall conjointly elect one person to represent them in the General Medical Council. (*c*) Within two months after the passing of this Act the Medical Authorities in Ireland shall conjointly elect one person to represent them in the General Medical Council.

Provision in case of Neglect of Medical Authorities to elect Representatives to the Council.

10. In the event of the registered Medical Practitioners or of the Medical Authorities in any part of the United Kingdom failing to elect the representative or representatives in the General Council specified in this Act within the time mentioned, Her Majesty, acting under the advice of her Privy Council, shall proceed to nominate such representative or representatives.

Branches of Council for England, Scotland, and Ireland.

11. The members nominated by Her Majesty, with the advice of her Privy Council, for England, Scotland, and Ireland respectively, the members elected by the registered Practitioners of such parts of the United Kingdom respectively, and the members chosen by the Medical Authorities of such parts of the United Kingdom respectively, shall be Branch Councils for such parts respectively of the United Kingdom, to which Branch Councils shall be delegated such of the powers and duties vested in the General Council as to the General Council may seem fit.

Time and Place of Meeting of General Council.

12. The General Council shall hold their first meeting within three months from the commencement of this Act, in such place and at such time as one of Her Majesty's principal Secretaries of State shall appoint, and shall make such rules and regulations as to the times and places of meetings of the General Council, and the mode of summoning the same, as to them shall seem expedient, which rules and regulations shall remain in force until altered at any subsequent meeting; and in the absence of any rule or regulation as to the summoning a meeting of the General Council, it shall be lawful for the President to summon a meeting at such time and place as to him shall seem expedient, by letter addressed to each member; and at every meeting, in the absence of the President, some other member, to be chosen from the members present, shall act as President; and all acts of the General Council shall be decided by the votes of the majority of the members present at any meeting, the whole number present not being less than eight, and at all such meetings the President for the time being shall, in addition to his vote as a member of the Council, have a casting vote in case of an equality of votes.

Executive Committee of General Council.

13. The General Council shall have power to appoint an Executive Committee out of their own body, of which the quorum shall not be less than three, and to delegate to such Committee such of the powers and duties vested in the Council as the Council may see fit.

No person not a Licentiate to receive other Qualifications.

14. After the date fixed for the commencement of examinations by any Medical Board under this Act, none of the Medical Authorities shall grant any of the qualifications mentioned in Schedule (A) to the principal Act as amended by this Act, or by any of the Acts mentioned in the second Schedule of this Act, except to persons registered, or qualified to be registered, under the principal Act at the time of passing of this Act, or under this Act; but it shall be lawful for such Medical Authorities respectively to examine any candidates for such qualifications, and to give them certificates entitling them to receive the said qualifications after giving proof that they have passed the examination for the Licence under this Act.

Title of "Licentiate" not to be granted by the Medical Authorities.

15. After the date fixed for the commencement of examinations by the first Medical Examining Board appointed under this Act, none of the Medical Authorities shall grant to any person any of the titles of Licentiate mentioned in Schedule (A) to the principal Act, or in any of the Acts mentioned in the first Schedule to this Act, or any title of Licentiate on the ground of the grantee's qualifications in medicine or surgery, or any branch of medicine or surgery.

Qualification for Registration.

16. After the date fixed for the commencement of examinations by the first Medical Examining Board appointed under this Act, no person who is not at that date qualified to be registered under the principal Act shall be registered under that Act unless he has, after examination by a

Medical Examining Board appointed under this Act, obtained a licence to practise medicine and surgery under this Act.

Form of Register.

17. All registration under this Act shall be in the form prescribed in Schedule of this Act.

Fees for Registration.

18. The fee to be paid for registration of licences under this Act shall not exceed £5; and such fee shall be deposited with the Treasurer of the Branch Medical Council, at the same time with the fees for examination afterwards mentioned, by every candidate for examination for the licence under this Act before he is admitted to such examination. The registration fee shall be repaid to an unsuccessful candidate, and in other cases shall be applied as a registration fee is applied under the principal Act.

Erasure of Names by General Council.

19. The General Medical Council may direct the Registrar to erase any name from the Register under any of the following circumstances:—If any of the Medical Authorities deprive any person registered in pursuance of the principal Act or of this Act of any diploma, degree, or title granted to him by such Authority, such Medical Authority shall signify to the General Medical Council the name of the registered person so deprived; and the General Medical Council shall direct the Registrar forthwith to erase the name of the Medical Authority and the diploma, degree, or title of which such registered person has been deprived from the part of the columns in the Register opposite to the name of such registered person. With respect to registration the following provisions shall have effect:—(1) Where, under the authority of the Medical Acts 1858 to 187 , the General Medical Council or any Branch Medical Council direct the erasure of the name of any person from any Register, the name of that person shall not be again registered in any Register except by direction of the Council which directed the erasure, or by order of a Court of competent jurisdiction. (2) If the General Medical Council think fit in any case, they may direct any Registrar to restore to his Register any name erased by him therefrom, and the Registrar shall restore the name accordingly. (3) The name of any person which has been erased from the Register at the request of such person or with his consent shall, unless it might, if not so erased, have been erased by order of the General Medical Council, be restored to the Register on his application, on payment of such fee, not exceeding the amount for the time being of the fee for registration, as the General Medical Council may from time to time fix. (4) Each Registrar shall keep his Register correct in accordance with the provisions of the Medical Acts 1858 to 187 , and the general regulations and special directions of the General Medical Council, whether made or given before or after the passing of this Act. (5) Each Registrar shall erase from his Register the name of any person deceased. (6) Each Registrar shall from time to time insert in his Register any alteration which may come to his knowledge in the address or legal description of any person registered. (7) In the execution of the aforesaid duties each Registrar shall act on such evidence as in each case appears to him sufficient, subject to any regulations of the General Medical Council. (8) Each Registrar may erase from his Register the name of any person who has ceased to practise, but not (save as hereinafter provided) without the consent of such person, and each Registrar may send by post to any person registered in his Register a registered letter addressed to that person according to his registered address, inquiring whether or not he has ceased to practise. And if the Registrar does not within three months after sending such a letter receive any answer thereto from the person to whom it is sent, he may, within fourteen days after the expiration of the said period of three months, send by post to that person another registered letter, addressed to him according to his registered address, referring to the first letter, and stating that no answer thereto has been received by the Registrar; and if the Registrar does not within three months after sending such second letter receive any answer thereto from the person to whom it is sent, that person shall, for the purpose of the present Section, be deemed to have ceased to practise, and his name may be erased accordingly. Where any medical practitioner registered under the principal Act has, either before or after the passing of this Act, been, either before or after he is so registered convicted in any part of her Majesty's dominions, or in any foreign country, of any offence which, if committed in England, would be a felony or misdemeanour, or if committed in Scotland would be a criminal offence, or been guilty of any infamous or disgraceful conduct in any professional respect, such medical practitioner shall be liable to have his name erased from the Register under the principal Act. The General Medical Council may, and upon application of any of the medical authorities shall, cause inquiry to be made into the case of any person who is alleged to be liable to have his name erased under the provisions of this Section; and, on proof of such conviction or infamous or disgraceful conduct, shall cause the name of such person to be erased from the Register. The name of no person shall be erased under this Section on the ground of his adopting any theory of medicine or surgery.

Council to have power to refuse Registration of Qualifications obtained by insufficient Examinations.

20. In case the Report of the Inspectors of Examinations under this Act shall make it evident to the General Council that the examinations for procuring any of the qualifications in Schedule (A) of the principal Act are insufficient, and imply a lower standard of medical knowledge than is required by the examinations under this Act, it shall be the duty of the Medical Council to remonstrate with the medical authorities conferring such qualification or qualifications; and in the event of such remonstrance being disregarded, it shall be lawful for the Medical Council, after reasonable time given, to refuse to insert such qualification in the Register.

Examining Boards.—Examination for the Licence to include all branches of Medicine, Surgery, and Midwifery.

21. Within three months after the formation of a General Medical Council under this Act, the Council shall appoint an Examining Board in each division of the kingdom, to be called the "National Medical Examining Board" for such division. The Council shall appoint only such persons as Examiners as are of approved skill in the several subjects on which they are to examine. It shall be the duty of the Examiners so appointed respectively to examine all candidates for a licence in Medicine and Surgery in the subjects allotted to the several Examiners by the Council, and to give to those candidates who satisfy them a certificate of approval for presentation to the Registrar of the Branch Council of that part of the kingdom in which the examination has been held. It shall be the duty of the Registrar thereupon to procure licences signed by the President of the General Council and the members of the Executive Committee of the General Council, which licences he shall forward to the successful candidates. The fee for examination shall not exceed £5.

The examination for the licence shall include full inquiry both into the theoretical knowledge possessed by the candidates of the "Fundamental Medical Sciences," as well as of the subjects included under Medicine, Surgery, and Midwifery, and more especially of their practical acquaint-

ance, as tested at the bedside, of cases of disease in all these departments.

Preliminary Education.

22. It shall be the duty of the Council to take such steps and make such regulations as shall appear to them most efficient for securing the general knowledge in the ordinary non-professional branches of education of all candidates who are about to proceed for the licence to practise.

Regulation of Professional Study.

23. It shall be the duty of the General Council to frame regulations of the course and subjects of study, whether as regards the fundamental medical sciences or the more practical branches of medical study; and to require any evidence which to the Council may seem fit of such regulations having been complied with, to be produced by the candidate, and lodged with the Treasurer of the Branch Council of that part of the kingdom in which he wishes to be examined, at the time when the fees for registration and examination are paid. These regulations shall be binding upon all candidates for the licence to practise medicine and surgery, and upon the medical schools. In cases where evidence is not adduced that these regulations have been complied with, the Council, or any of its Branches, shall have power to decline admitting the candidate to examination.

Times of Examination for Licence.

24. The examinations for the licence to practise under this Act shall be held in each division of the kingdom at fixed half-yearly intervals; but it shall be lawful for the Council, at their discretion, to allow any candidate duly qualified for the examination to be examined for the licence at such special time and on the payment of such increased fees as may to them seem proper; and such candidate, if successful, shall be entitled to be registered in the usual manner.

Remuneration of Examiners.

25. The Examiners for the licence under this Act shall be remunerated upon a scale to be fixed by the General Council, from the funds accruing to the Council from the examination fees of candidates for the licence; supplemented, if need be, by a grant from the Treasury for the purpose of carrying out the examinations and inspections instituted by this Act.

Inspectors of Examinations.

26. The General Council shall appoint Inspectors of the Examinations under this Act, held in the three divisions of the kingdom; such Inspectors shall visit in rotation the National Medical Examining Boards of the three kingdoms, in such manner that each National Medical Examining Board shall be visited at each successive examination by a different Inspector from the one who attended the previous examination. The Inspectors shall also have the power, subject to the direction of the General Council, to visit the examinations of the various Medical Authorities conferring degrees or diplomas in any division of the kingdom; and it shall be their duty to report the result of such inspections to the General Council.

Remuneration of Inspectors.

27. The Inspectors of Examinations under this Act shall receive such remuneration as shall seem fit to the General Council. Such remuneration shall be paid out of the funds accruing from examination fees; supplemented, if need be, by a grant from the Treasury for the purpose of carrying out the examinations and inspections instituted under this Act.

Foreign and Colonial Practitioners.

28. Where any person proves to the General Council that he holds a medical diploma granted in any British possession or in any foreign country, and that such diploma represents the like degree of knowledge, as tested by examination, to that which is required for obtaining a licence under this Act, and entitles the holder thereof to practise medicine and surgery in the British possession or foreign country where the same was granted, and that he is more than forty years of age, and that he has practised medicine and surgery for not less than ten years out of the United Kingdom, or in the case of persons practising in the United Kingdom at the time of the passing of this Act, for not less than ten years in the United Kingdom or elsewhere, it shall be lawful for the General Council to direct such person to be registered under the principal Act without examination, but upon reasonable proof of character, and upon payment of such fee, not exceeding the ordinary fee for registration, as the General Council may from time to time prescribe.

The term "medical diploma," for the purposes of this Section, includes every degree or title or licence or authority to practise granted by any university, college, or body, or granted by any department or persons acting under the authority of the Government of the British possession or foreign country.

Where the General Medical Council are satisfied of the eminent professional acquirements and character of any person who for more than ten years has been practising medicine or surgery in any British possession or foreign State, they may, by a special order, direct such person to be registered under the principal Act, and such person may be registered accordingly.

Penalties for unauthorised assumption of Titles by unregistered Persons practising Medicine and Surgery for gain.

29. If any person who for gain either practises medicine or surgery, or any branch of medicine or surgery, or is engaged in the cure or treatment of diseases or injuries, and is not registered under the principal Act, takes or uses any of the designations enumerated in Schedule (A) to the principal Act as amended by this Act, or by any of the Acts in the first Schedule mentioned, or the designation of Licentiate in Medicine and Surgery, or Licentiate in Medicine or in Surgery, or in any branch of Medicine or Surgery, Professor of Medicine, Professor of Surgery, Physician, Surgeon, Doctor, Accoucheur, or any designation used to distinguish duly-qualified practitioners of medicine or surgery, or any branch of medicine or surgery, he shall for every such offence be liable, on summary conviction, to a penalty not exceeding £100. Provided: That a person shall not be liable to such penalty if he shows that he is not a British subject, and not ordinarily resident in the United Kingdom, and holds a medical diploma, degree, or title from some university, college, or body in any British possession or foreign country entitled to grant the same.

If any person who for gain either practises medicine or surgery, or is engaged in the cure or treatment of diseases or injuries, wilfully takes or uses any of the above-mentioned designations to which he is not entitled, he shall for every such offence be liable, on summary conviction, to a penalty not exceeding £100.

If any person not registered under the principal Act gives any certificate which, under the principal Act, is not valid unless signed by a person registered under the principal Act, he shall be liable, on summary conviction, to a penalty not exceeding £20.

The General Medical Council, and also any Branch Medical Council, may take proceedings against any person for the contravention of this Section; and no prosecution for the contravention of this Section shall be instituted by any private person, except with the consent of the General Medical Council or some Branch Medical Council.

Nothing in this Section shall prevent any person who lawfully holds a certificate of fitness to practise as a dentist

granted by the Royal College of Surgeons of England from taking or using the title of Certified Dentist, or, if he has obtained a certificate before the passing of this Act, the title of Licentiate in Dentistry, or impose any penalty on such person for taking or using such title.

Nothing in this Section shall impose any penalty on any person engaged solely in the cure or treatment of the diseases or injuries of animals and not of human beings.

Persons to be Qualified in both Medicine and Surgery.

30. No person who is not qualified at the time of the passing of this Act to be registered under the principal Act shall be entitled to be so registered unless he has qualifications to practise both medicine and surgery.

Partial Qualifications before Act.

31. Where a person has obtained before the passing of this Act a qualification to practise in medicine or in surgery, or in some branch of medicine or in some branch of surgery, and not in all the branches of medicine and surgery, such person may be admitted to the examinations under this Act on such special terms as may be provided in that behalf by any examination rules under this Act.

Bachelor of Surgery.

32. The degree of Bachelor of Surgery, conferred either before or after the passing of this Act by any University legally entitled to confer the same, shall be deemed to be one of the qualifications described in Schedule (A) of the Medical Act.

Degrees or Diplomas in State Medicine.

33. Degrees or diplomas in State Medicine conferred before or after the passing of this Act, by any Medical Authority legally entitled to confer the same, shall, if the General Medical Council see fit, be deemed to be one of the qualifications described in Schedule (A) of the Medical Act.

Notices may be served by Post.

34. All notices and documents required by this Act to be sent may be sent by post, and shall be deemed to have been received at the time when the letter containing the same would be delivered in the ordinary course of post; and, in proving such sending, it shall be sufficient to prove that the letter containing the notice or document was prepaid and properly addressed and put into the post.

Notices and documents may be in writing or in print, or partly in writing and partly in print; and may be sent addressed to the General Medical Council or Medical Examining Board, or the Medical Authority, or to some officer of such Council, Board, or Authority, at the office or building belonging to such Council, Board, or Authority.

Payment of Fees.

35. The fees payable in pursuance of any scheme relating to the constitution of a Medical Examining Board of any part of the United Kingdom shall be paid to the Treasurer of the Branch Medical Council of that part, and shall be applied by him under the direction of such Branch Medical Council in accordance with the directions of such scheme.

Majority of Medical Authorities to act.

36. Any power given by this Act to, and anything authorised by this Act to be done by, the Medical Authorities of any one part of the United Kingdom, may in the case of England and Scotland be exercised and done by not less than five, and in the case of Ireland by not less than four, of such Medical Authorities.

General Repealing Clause.

37. All the clauses of the various Medical Acts which are cited in Schedule of this Act, shall be and are hereby repealed.

[Here follow Schedules.]

DISEASES AMONG ANIMALS.

CATTLE PLAGUE is reported to exist abroad in the following countries:—In *America*, in the province of La Plata; in *Austria*, in the provinces of Galicia, Transylvania, and Bukownia; in *France*, in the provinces of Lorraine, Alsace, Seine and Marne, Moselle, Meuse, and the Valleys of the Ardennes; in *North Germany*, in Prussia, Saxony, Rhenish Prussia, Mecklenburg Schwerin, and Brandenburg; in *South Germany*, in Bavaria, Baden, Wurtemburg, and the Franco-Swiss frontier; in *Russia*, in Poland, and Riga and its vicinity; in *Turkey in Asia*, on the North-east coast of the Black Sea; in *Turkey in Europe*, in Roumania and Thessaly. A late issue of the *Independance Belge* contains an extract taken from the *Journal of the Agricultural Society* of Brabant, showing the state of disease on the Continent, and the precautions taken by the Belgian Government to prevent the introduction of cattle plague into Belgium.

Pleuro-pneumonia is reported to exist in Great Britain in 37 counties, whilst abroad it is reported to exist in Holland, North Germany, and Turkey in Asia.

Foot-and-mouth disease is reported to exist in Great Britain in 59 counties, whilst abroad it is said to exist in North Africa, South America, Denmark, France, and Italy.

Sheep-pox exists to a considerable extent in the northern part of North Germany.

Sheep-scab is reported to exist in Great Britain in 30 counties, whilst abroad it is stated to exist in North Germany.

Correspondence.

"Audi alteram partem."

THE MEDICAL PROFESSION IN GLASGOW.

To the Editor of THE LANCET.

SIR,—THE LANCET of Nov. 19th, under the above heading, refers to an "address on certain aspects of medical reform," which was read before the Medico-Chirurgical Society of Glasgow. Your reviewer, under the mistaken impression that the author has published this address "at the request of the Society," assumes that "the statements and arguments are to a great extent endorsed by the profession of that city."

As Secretary of the Medico-Chirurgical Society, you will no doubt kindly permit me to state—and I make the explanation by the very general desire of office-bearers and members—that the address referred to *was not published at the request of the Society*, but, as the pamphlet bears on its title-page, "by request of the Glasgow Medical Association"—a very different body, of whose existence the Society has probably for the first time learned through the announcement on the publication in question.

The Medico-Chirurgical Society dates from upwards of fifty years back; has for its object the advancement of medical science and literature, and enrols between 200 and 300 of the most notable members of the medical profession in the West of Scotland, including the greater number of the Fellows of the Faculty of Physicians and Surgeons of Glasgow.

The Glasgow Medical Association, according to a late authoritative announcement, "has been in existence five years"; has for its object "principally to raise the status of the profession both in respect to etiquette and fees"; and the contrast is continued both in the number and composition.

The address in question was, however, read and discussed before the Medico-Chirurgical Society, but the statements and arguments were very far indeed from being endorsed by the meeting. They were, on the contrary, repudiated by almost every speaker, and while many of the statements were listened to with amused incredulity, and referred to as startling from the novelty of the assertions, the judgment was almost unanimous that the state of the profession in Glasgow was misrepresented.

The President, Dr. Adams, his predecessor in the chair, Dr. J. G. Fleming, and our former much respected and experienced President, Dr. W. Lyon, stated their conviction, that the profession in Glasgow had improved, and was improving in a remarkable degree, and that, whether as regards fees or the professional bearing of its members to one another, or the respect in which it was held by the public, it would bear *favourable comparison* with any commercial town in the kingdom.

Professor G. W. B. Macleod and Professor James Morton referred to the labours, in the year 1853, of a conjoint committee of the Society and of the Faculty, of which they were members, and which had for its object the obtaining of information regarding the practices and position of the profession throughout the kingdom, with the view to the framing of a scale of fees to be recommended to the profession in Glasgow.

It was brought out, to the surprise of the committee, that the average rate of professional remuneration in Glasgow stood among the highest in the kingdom; and Professor Morton stated he was satisfied the author of the address could not have studied the subject, or he would have arrived at different conclusions.

The character of the profession was therefore upheld by men of position, who spoke from a practical experience and observation that ranged from fifteen to fifty years; while the author of the address aspersing the profession—and it can be no disparagement to him to state a simple truth—only entered it in 1862, and has only recently settled in this city. This fact is noted for the guidance of parties at a distance.

In conclusion, I forward you a printed copy of the scale of fees recognised by the Medico-Chirurgical Society of Glasgow. It will, I believe, bear exhibition in any locality, and is in Glasgow no more subject to modification, either in the way of increase or decrease, than any other professional agreement framed on constitutional usage.

I am, Sir, your obedient servant,

ROBERT PERRY, M.D.,
Sec. Med.-Chir. Society, Glasgow.

Nov. 1870.

To the Editor of THE LANCET.

SIR,—The article in your last issue on the medical profession in Glasgow will, I trust, have a beneficial effect upon the future proceedings of the Medico-Chirurgical Society. Through the non-attendance and apathy of its senior members, the operations of the Society have, of late, been diverted from its legitimate objects, which are the promotion of medical science, and the cultivation of mutual esteem and friendly feelings amongst medical practitioners. Its meetings have, for some time past, been characterised by unseemly wrangling, exhibitions of ill-will, and jealousies not of the highest type. The greater part of last session was nearly wasted in consequence of the introduction of these elements, and this session already gives fair promise that it will surpass its predecessor in that kind of transactions. Indeed, so much is this the case, that a desire to dissolve the Society altogether has sprung up among not a few of its leading members. Since the delivery of the famous oration on Medical Reform referred to in your article, many members have, in the course of conversation with me, expressed the suggestion that the Society should be dissolved. Your comment on that production may accelerate the crisis.

It will bring it home to every one of us that we must either really and truly reform the Society, in order to prevent its becoming solely an arena for the display of miserable spleen, or for the tattling of grievance-mongers, or if this be not attainable, the sooner it is broken up the better will it be for the honour and interest of the medical republic.

I leave Dr. Black to be dealt with by the officers of the Society for what must, I fear, be regarded as a libel on the Glasgow profession; but I may be permitted to direct the attention of your readers to one or two points in his paper which call for special remark. It is an unworthy misrepresentation to say that the wealthy people of Glasgow consult medical men in Edinburgh in preference to the practitioners of their own city. The inference that Glasgow practitioners are regarded as inferior in status, or are mistrustful of each other, is, to say the least of it, uncharitable. It is true, indeed, that occasionally an Edinburgh consultant is called to Glasgow, but in the same way Glasgow consultants are sometimes called to Edinburgh. As a proof of this I enclose two letters, which will show you that within the last few days I have been consulted by two Edinburgh patients, one a lady of title, who is now under my care, and the other a gentleman who was sent to me by his Edinburgh medical adviser. I can speak, also, for those of my friends here, who are occasionally called to Edinburgh or the neighbourhood for consultations.

Railways have so much obliterated the feeling of distance between Edinburgh and Glasgow, that there is now free and easy intercourse between the two cities. One thing is certain, that the friendliness and gentlemanly courtesy shown by the medical gentlemen of one city to those of the other is too genuine to admit of any jealousy on that score, or to warrant unworthy insinuations, such as those referred to.

I am, Sir, your obedient servant,

A MEMBER OF THE GLASGOW MEDICO-CHIRURGICAL SOCIETY.

Glasgow, Nov. 21st, 1870.

*** We are glad to insert the above letters. They are accompanied by a scale of fees agreed to in 1863 by joint committees of the Faculty of Physicians and Surgeons, the Medical Society, and the Medico-Chirurgical Society of Glasgow, which will bear a very favourable comparison with similar charges in other large towns. We should have been sorry if representations of Glasgow practice such as Dr. Black's had gone unrefuted. We very naturally attached great importance to the fact that the paper had been read before the Medico-Chirurgical Society; and we erroneously stated that it was published at the request of this Society. It was published at the request of the *Glasgow Medical Association*. This error, though easily made, because both Societies were mentioned on the title-page, is important, for Dr. Perry's letter shows that the statements of Dr. Black were not endorsed by the larger and older Society of Glasgow. Indeed, the profession in Glasgow may be congratulated on the refutation which they met with in the Medico-Chirurgical Society, and which is now reported in the above letter. It would be well if such papers as Dr. Black's were carefully considered by a committee before being read before such a Society as the Medico-Chirurgical of Glasgow. We have received various other communications on this subject, each to the point, and worthy of insertion; but we have selected the foregoing for publication, which seem amply sufficient to vindicate the general character of Glasgow practice. Dr. Black, in a communication to us, *inter alia*, corrects what he calls our "slight mistake" as to the Society which requested him to publish his address. We confess, however, to thinking the difference between the Medico-Chirurgical Society and the Glasgow Medical Association not slight.—ED. L.

SANITATION IN INDIA.

To the Editor of THE LANCET.

SIR,—Although I have no desire to prolong controversy, I must say a few words in reply to my friend Dr. Morehead.

It appears to me and others that Dr. Morehead has written without being well informed as to the scope and objects of the Cholera Inquiry now going on in India, on the recommendation of the Senate of the Army Medical School. Cholera is a disease that has been subjected to as patient clinical investigation in Europe and Asia as any disease to which flesh is heir: we all know with what results. The evacuations of cholera patients, in particular, have been again made the subject of careful study by some of the most eminent physicians and microscopists at home and abroad, among whom I may mention Hassall, Thomé, Klob, Boehm, Hallier, and my colleague Dr. Parkes. The first two

stated, as the result of their investigations, "that the stomach and intestines of cholera patients contain within them microscopical fungic bodies, innumerable and vehemently multiplying, whereof swarms are shed, with prolific and infective power, in each characteristic evacuation of the sick."

Dr. Parkes had observed, and carefully described, certain corpuscles which are thrown off, and appear *only* in the evacuations of patients in the algide stage of the disease. These bodies were submitted by Dr. Parkes to Sir William Jenner, to Professor Sharpey, to the late Mr. Quekett, and to Messrs. Hillman and Bowman. These independent observers confirmed Dr. Parkes, and their observations on the corpuscles of the algide stage, although separately recorded, have a remarkable uniformity.

At this stage of this difficult inquiry appeared the celebrated paper of Professor Hallier, of Jena, in which that philosopher announced that he had discovered in cholera evacuations the spores of a fungus non-indigenous to Europe. Hallier further stated that he had succeeded in cultivating this "cholera fungus" on various soils. He gave drawings of the fungi so cultivated, adding the positive statement, "that his experience enabled him to prevent, and to know that he prevented, the accidental entrance of any atmospheric fungus into his experiments." Were these spores identical with the corpuscles of the algide stage observed by Dr. Parkes and his friends? Here was a question of surpassing interest, Were Hallier's observations trustworthy and free from fallacy?

At the time these questions presented themselves for solution, two gentlemen were passing through the course of special instruction at Netley—viz., Doctors Cunningham and Lewis, the first intended for Her Majesty's Indian, the latter for the British service. Both were men who evinced a special aptitude for scientific inquiries. After much anxious consideration, the Senate of the Army Medical School submitted a proposition to the Secretaries for War and India, that the above-named gentlemen should, for some time, be set apart for a thorough inquiry into cholera. A ready consent was given. At the conclusion of the course, Drs. Cunningham and Lewis were sent to Germany, where they were put in communication with Professors Hallier, Du Barry, and Pettenkofer, and received from them valuable instruction as to their various modes of carrying on this inquiry. On their return, they had interviews with Professor Huxley and the Rev. Mr. Berkeley, and finally went to India supplied with everything requisite to enable them to conduct this difficult investigation. It is almost useless to add that their attention was not, by any means, to be confined to the fungic theory of cholera, but to embrace every point that could throw light on the origin and propagation of this terrible scourge.

Now, what is there in an inquiry of this kind to excite the hostility of sanitary reformers, strictly so called? In what way does this inquiry interfere with the operations now going on in India directed to secure space, pure air, pure water, and sufficient drainage? I am quite at a loss to answer this question, and I submit that Dr. Morehead, in his letter, has failed to show cause against us. Drs. Cunningham and Lewis were *not sent to India to form a part of a sanitary department at all;* that would have been an act of supererogation, as the Government of India can command the services of any number of sanitary commissioners they require. They were sent as scientific physicians, to investigate in a scientific manner a special disease that has hitherto baffled all ordinary methods of investigation.

In conclusion, suffer me to add that no body of men have done more to forward the cause of sanitary reform in India than those who are indirectly criticised for originating this inquiry; and I cannot help regretting, when Government, once in a way, have given some encouragement and material assistance to a scientific investigation, that Dr. Morehead should step in to disapprove it, at a time, too, when this nation is made to look contemptible at home and abroad for withholding similar assistance and countenance in an investigation of world-wide interest, beyond the unaided means of men of science.

I am, Sir, your obedient servant,

Royal Victoria Hospital, Netley, Nov. 7th, 1870. W. C. MACLEAN, M.D.

TORSION OF ARTERIES.

To the Editor of THE LANCET.

SIR,—In your impression of the 19th inst., Mr. Kiallmark favours me with a reference to my paper on the Torsion of Arteries as a Hæmostatic Method, published a fortnight previously. He remarks, firstly, that I have made no mention, in my description of the operation as performed by Amussat, of the special pair of forceps by which the vessel was fixed before being twisted; secondly, that, in the modification of torsion as practised by myself, Dupuytren has specially cautioned us against inserting one blade of the forceps within and the other without the vessel (Leçons Orales, iv., 209 [?]).

In reply, I beg to state that the forceps in question (called by Sédillot "pince à rafoulment") was not mentioned because its mode of action is opposed to the principle of torsion as at present understood. That instrument actually severs the inner and middle tunics of the artery before twisting is commenced; thus the *external* coat alone is submitted to torsion.

If I understand limited torsion aright, the artery should be seized transversly to its long axis with a pair of smooth-bladed, imperfectly serrated forceps, incapable of damaging any of its tunics, either before or after twisting; this retaining instrument fixes the artery while torsion is effected by a second pair of forceps with a closing bolt (Bryant's torsion forceps), one blade being placed within and the other without the vessel.

Now the operation comprises four stages. Firstly, the twisting of the artery upon itself; secondly (continuing the rotation), the breaking of the inner and middle tunics; thirdly, their invagination; and, fourthly, their retention in position by the final twist of the external coat; and these several processes are effected midway between the retaining and twisting forceps.

With regard to Dupuytren's objections as to the manner of applying the forceps, this seems a matter of small moment as compared with the great principle on which the vessel is sealed up; and whether we employ free or limited torsion; whether we twist off or leave intact the free extremity of the vessel; whether we operate with this or that forceps, or howsoever we may apply them; whether we hold the artery between the thumb and finger, transfix with a needle, and then twist,—so long as we recognise the principle of torsion—so well laid down by Mr. Bryant, experience only can decide the rest; and with this view, I have ventured to record mine.

Apologising for thus trespassing on your space,

I am, Sir, your obedient servant,

J. D. HILL, F.R.C.S.

Guildford-street, Russell-square, Nov. 23rd, 1870.

FATAL ACCIDENT FROM STONE-THROWING.

To the Editor of THE LANCET.

SIR,—Thinking the paragraph in THE LANCET of last week, concerning the death from stone-throwing at Lincoln, would have more weight and interest by a publication of the details of the case, I enclose the following brief notes. I am also of opinion that the case is one worth recording as showing the great danger of regarding apparently trifling scalp wounds as injuries of little importance.

J. B——, aged six years, was struck on the left temple by a small stone thrown by a playfellow on the 18th October. The scalp wound, about the size of a pea, was strapped up by the mistress at school, and the boy walked home with an apparently trifling injury, of which he did not complain.

On the 19th he was running about during the morning, but at night complained of headache, in consequence of which Mr. Sympson, surgeon to the County Hospital, was called in.

Oct. 20th.—He became a dispensary patient. Was then convulsed and delirious at intervals, and when conscious complained of intense pain in the head. Tongue slightly furred; bowels confined; pulse 100. There was a wound of the scalp on the left temporal region, about the size of a threepenny-piece; the bone was exposed, and the scalp

puffy and suppurating. Ordered saline mixture, mercurial purge, and a poultice to the wound.

21st.—Delirious. Pupils acting, and of natural size. Had a little retching, but has not vomited. Pulse 110.

23rd.—Partial paralysis of right side; aphasia; pupils and conjunctivæ natural. Pulse 120, weak.

25th.—Complete right hemiplegia. Protrudes his tongue (which is covered with brown fur) to the right side. Passes his evacuations involuntarily. Pulse 130.

26th.—Breathing slightly stertorous. Pupils slightly dilated. Pulse 128; temperature 103·2°.

27th.—Has had distinct rigors. Breathing stertorous. Both pupils dilated and inactive. Complete coma. Pulse 130, feeble; temperature 103·8°. Exposed bone white and sonorous.

29th. — Conjunctiva of right eye minutely injected, and discharging pus freely. Continued in a deeply comatose condition till he died, at 10 P.M.

Autopsy.—There was no pus between dura mater and skull, but a considerable quantity was diffused in the cavity of the arachnoid. The external table of the skull was slightly indented at the site of injury, and there was a starred fracture of corresponding portion of internal table, with a scale of bone slightly depressed.

On the 27th, when the symptoms of pressure on the brain were unequivocal, Mr. Sympson and Dr. Harrison (honorary surgeons to the dispensary) were called in. They suggested to the parents that the operation of trephining the skull would be the only means of saving the boy's life; but under no circumstances would they consent to the performance of such an operation. In answer to Dr. Harrison, the father of the boy said he would not consent to an operation, "even were it to save his child's life." Consequently the lad was left to his inevitable fate.

I am, Sir, your obedient servant,

H. D. MALE, L.R.C.P. Lond., M.R.C.S.,

Lincoln Dispensary, Nov. 17th, 1870. House-surgeon.

THE ST. BARTHOLOMEW'S HOSPITAL REPORTS.

To the Editor of THE LANCET.

SIR,—There occurs in a notice of the St. Bartholomew's Hospital Reports, in the last number of THE LANCET, a statement to the effect that, when applying for notes of cases, your reporter has occasionally been met with an expression of regret that they must be kept for the Hospital Reports, and that this has occurred to him at St. Bartholomew's. It is quite true that elsewhere such has occasionally been the case; but I owe it to the staff of St. Bartholomew's to correct this special allusion to them, since they have never, on any ground whatever, withheld the necessary authorisation, but have, on the contrary, in every instance, placed their cases unreservedly at my disposal for purposes of publication.

I venture to question the expediency of reserving the most interesting cases which occur in the practice of a hospital for a volume of such limited circulation as necessarily falls to the lot of Hospital Reports; but, at the same time, I wish to express my high appreciation of the courteous welcome which the physicians and surgeons of the metropolitan hospitals invariably accord to,

Nov. 19th, 1870. YOUR HOSPITAL REPORTER.

*** We welcome the present opportunity of referring generally to the publication of cases of interest from the various hospitals. The object of our "Mirror of Hospital Practice" is to present the readers of our journal with a glance at what is doing in the several institutions, and we disclaim any attempt at rivalry with the more voluminous Hospital Reports which it has now become the custom for many hospitals to issue in an annual volume. There is, indeed, an ample field for both these reviews, and we think that reflection on the part of hospital staffs will convince them that the brief notice which alone is attempted in our short space would, were its objects thoroughly appreciated, be the best possible introduction to their more elaborate records. Our reporter, pervading as he does, all the metropolitan hospitals, is able to draw attention to modes of diagnosis, novelties in practice, and varying phases of disease, for a minute account of which the reader, his interest being aroused, will only be too happy to refer to the annual volumes. Without such a passing notice, the over-worked general reader shrinks from applying himself to volumes which may or may not contain anything in which he feels an interest. Were we efficiently aided by the physicians and surgeons, we should be indeed pleased, whilst briefly describing the points of interest in cases as explained by themselves, to indicate the source whence ample details on the subject might be obtained. But to do this with advantage to the staffs, as well as to our readers, we certainly require a little more active support than for various reasons it has for some time past been the custom to give us. The difficult art of condensing a case is not to be acquired without considerable practice, and, so far as we know, this very necessary accomplishment is left untaught in our schools of medicine. Were the physicians and surgeons to instruct their clinical clerks and dressers to undertake this, and to furnish us with very pithy records of important cases, our readers would be provided with valuable material, and the volumes of Hospital Reports would, we believe, come to be as much welcomed and circulated as they are now ignored or shunned.—ED. L.

DR. LANKESTER ON SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—In the last number of *Nature* is an article by Dr. Lankester on "The Present Epidemic of Scarlet Fever," which contains the following passages:—"No public anxiety has been manifested about scarlet fever. Every one has submitted to it as a necessary evil, and no one has made any efforts to diminish its prevalence." . . . "It may be said that the doctor, in nine cases out of ten, will not give any directions at all. *It is not his interest to do so;* and, if it were, he gets no information in his books or lectures on the subject at all."

These extracts cannot but be read with surprise and dissatisfaction by the profession of which the writer is a member, and to which he is indebted not a little for the support it has given him on various occasions.

Setting aside the breach of good taste it evinces to reproach, in a paper of general circulation, medical men for their unwillingness to use, and ignorance of, the means of preventing the spread of scarlet fever, it is assuredly incorrect to say that no efforts have been made to diminish its prevalence, and that no information is obtainable from books and lectures on the subject of prophylaxis and disinfectants.

It is true that much more ought to be done than has been by supplying public carriages for the conveyance of persons suffering from infectious diseases, mortuary houses, and houses of refuge for the poor; and, perhaps, some *sanction* ought to be attached to the directions for the preservation of public hygiene; but, short of these measures, surely the existence of fever hospitals and pest houses, and the compulsory cleansings and whitewashings of poisoned houses, under the direction of boards of health, and the recently published suggestions of the Association of Medical Officers of Health, show that some anxiety has been manifested about, and some precautions taken against, the spread of this disease. The good likely to result in this direction from the recent Education Bill, is, moreover, far from being one of its least important advantages.

In the next place, is it true that the doctor in nine cases out of ten gives no instruction at all for checking contagion? It certainly is not the interest of the most mercenary of medical men to withhold such; nor has he the slightest excuse for ignorance of prophylactic measures, for the very directions with which Dr. Lankester benevolently favours the readers of *Nature*, and which form the padding of his article, are contained in some text-books on medicine, are constantly being urged upon town authorities by members of the profession, and are widely circulated by means of handbills.

It is by such statements as those quoted from the paper

referred to that more injustice is done to the profession than good to the cause advanced; and practitioners of medicine have a right to feel offended at the aspersions thus publicly cast upon them by one of their number.

I am, Sir, your obedient servant,

Nov. 1870. A GENERAL PRACTITIONER.

THE SPHYGMOGRAPH ANTICIPATED BY GALILEO.

To the Editor of THE LANCET.

SIR,—In the interesting "Life of Galileo," lately published by Macmillan and Co., occurs the following paragraph respecting the sphygmograph:—

"The connexion of the great bronze lamp in the nave of the cathedral at Pisa with Galileo's earliest mechanical discovery is well known. Viviani says that, having observed the unerring regularity of the oscillations of this lamp and of other swinging bodies, the idea occurred to him that an instrument might be constructed on this principle which should mark with accuracy the *rate* and *variation* of the pulse. Such an instrument he constructed, after a long series of careful experiments. This invention, though imperfect, was hailed with wonder and delight by the physicians of the day, and was soon taken into general use, under the name of the Pulsilogia."

I am, Sir, your obedient servant,

CHARLES WILLIAMS, F.R.C.S.

Norwich, November 21st, 1870.

Obituary.

WILLIAM J. TUBBS, M.R.C.S., L.R.C.P. EDIN. (OF UPWELL.)

THIS well-known practitioner in the Eastern counties died in London on the 11th inst., aged seventy. He was educated at Guy's Hospital, and became a Licentiate of the Apothecaries' Society in 1833. After twenty-five years' active practice, he had the zeal and energy to work up for and pass two examinations, and became M.R.C.S. Eng. in 1859, and L.R.C.P. Edin. in 1860. Mr. Tubbs was a great lover of, and worker in, his profession, and in scientific pursuits. About twenty years ago he devoted a great deal of time to laboratory work, and became a good analytical chemist, of which he gave more than one proof in medico-legal investigations. He also devoted at one time a good deal of attention to mesmerism, and performed more than one operation under its influence. Latterly Mr. Tubbs became a skilful photographer, and, in fact, was always ready to take up any new scientific discovery—e.g., the electrolytic treatment of tumours, &c. During thirty years Mr. Tubbs was a Poor-law medical officer for Upwell and Outwell, in the Wisbeach Union, and during this time he performed many important operations, and contributed various papers to branch meetings of the British Medical Association—among others, "On the Advantages of the Silver Suture," "A Case of Occluded Vagina, with successful operation," &c.

Mr. Tubbs was buried at Upwell on the 17th, amid every mark of respect and regret of many of his neighbours, upwards of a thousand of whom attended him to the grave. According to the local journal—"Thus passed away from amidst us one of the most useful men Upwell has ever possessed. 'He saved my life,' is the utterance of many; and with truth it may be said, that few men leave behind them such a host of living witnesses to testify to their skill."

WILLIAM T. COSTER, L.R.C.P. EDIN.

IN the death of Mr. Coster the profession has lost a talented, though perhaps little known, member. He received his medical education at University College, and, after holding some appointments connected with the hospital, he became surgeon to the St. Pancras Infirmary. He resided there some years, and then, finding the work very onerous, he obtained the surgeoncy to the Central London District Schools, Hanwell, eight years ago, which appointment he held up to the time of his death. He was a diligent worker in his profession, and, whatever subject he took up, he was never satisfied until he had made himself master of it. In chemistry he took great delight, and was a skilful manipulator. His name has been connected with a preparation for ringworm, composed of oil of tar and iodine, and which is known by the name of "Coster's paint." He was one of those men who must always find employment of one sort or another, and he did not confine himself to purely professional pursuits: in photography he was unusually successful; in music he was an accomplished performer on the violincello; in natural history he took up the study of bees, and he had proposed to have published some investigations he made on their habits and diseases, but, unfortunately, before he could do so, he was carried off on the 12th inst., by an attack of hæmoptysis, at the early age of forty-one. During the last few years of his life his health had been delicate, and this, added to a retiring disposition, prevented his being better known; but his own immediate friends recognised his great abilities, and much deplore his premature end.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on the 17th and 18th inst.:—

Branfoot, Arthur M., Kennington-park-road.
Brown, Thomas L., L.R.C.P. Edin., Bodvari, North Wales.
Buchanan, Walter, L.S.A., Chatham.
Bunting, James, L.S.A., Tottenham.
Button, Horace G., L.S.A., Bermondsey.
Cooke, Edliston H., M.B. Aberd., Jamaica.
Coombe, George A., L.S.A., Burnham, Essex.
Crackle, Thomas A., L.S.A., Nottingham.
Eagar, William, L.S.A., Guildford, Surrey.
Evans, Alfred R., L.S.A., Derby.
Griffith, Robert Poole, Port Madoc.
Harris, Arthur G. R., L.R.C.P. Lond., Staines.
Hill, Thomas, L.S.A., Souldern, Oxon.
Hind, Henry, L.S.A., Stockton-on-Tees.
Huggins, Samuel T., L.S.A., Banbury, Oxon.
Jolliffe, John, L.S.A., Shepherd's-bush.
Lacey, Thomas W., L.S.A., Loughborough.
May, Thomas, L.S.A., Bicester.
Paget, William S., Liverpool.
Palmer, Charles de Montmorency, M.D. Dub., Dublin.
Parsons, Sidney, L.S.A., Wells, Somerset.
Perrigo, James, M.D. McGill Coll. Montreal, Montreal.
Rees, Howell, L.S.A., Maesteg, South Wales.
Redwell, Thomas H. B., Loddon, Norfolk.
Turner, Henry C., L.S.A., Lewes, Sussex.
Waller, Walter A. E., Bedford.
Warner, Francis, L.S.A., Highbury-crescent.
White, Barrington S., L.S.A., Lavenham, Suffolk.
Wilder, Rev. Henry B., L.S.A., Sulham Rectory, Reading.

Nine other candidates were examined on the above-named days, but failed to satisfy the Court, and were referred for a period of six months' further professional study.

At a meeting of the Court of Examiners on the 22nd inst., the following gentlemen passed the first part of the professional examination for the diploma of Fellow of the College:—

W. P. Goodall, William Rose, and Edward Nettleship, King's College; J. A. Sharp, Wm. Williams, and J. D. Harries, Guy's Hospital; J. E. Rouch and A. H. G. Doran, St. Bartholomew's Hospital; T. H. Bartlett, Birmingham; G. Chunder Roy, Calcutta; Henry Humphreys, University College; T. Cooke, Paris; J. W. Ley, London Hospital.

Twelve other candidates were examined, but failed to satisfy the Court, and were referred back to their anatomical and physiological studies for a period of six months.

UNIVERSITY OF LONDON. — The following is a list of the candidates who have passed the recent second M.B. examination:—

FIRST DIVISION.

Barnes, Edgar George, St. George's Hospital.
Bruce, John Mitchell, M.A. Aberd., University of Aberdeen.
Burgess, Wm. Fredk. Richardson, Guy's Hospital.
Carter, Charles Henry, B.A., University College.
Curnow, John, King's College.
De Liefde, John, Guy's Hospital.
Irvine, James Pearson, B.A., B.Sc., University College.
Joubert, Charles Henry, St. Mary's Hospital.
Pollard, Frederick, St. Thomas's Hospital.
Roberts, Richard Lawton, University College.
Seaton, Edward Cox, St. Thomas's Hospital.
Smith, Arthur William, Guy's Hospital.
Smith, Richard Thomas, University College.

SECOND DIVISION.

Aveling, Charles Taylor, St. Thomas's Hospital.
Barrett, Ashley William, London Hospital.
Cotterill, Alfred, King's College.
Gibbings, Alfred Thomas, King's College.
Harris, Jas. Alfred, Edinb. Univ. and Roy. Coll. of Surg.
Lowe, Walter George, St. Bartholomew's Hospital.
Parker, Rushton, University College.
Price, William, University College.
Shewen, Alfred, University College.
Vachell, Charles Tanfield, King's College.
Whitmore, William Beach, King's College.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 17th :—

Archer, George Ernest, Feltwell, Norfolk.
Kay, Thomas Valentine, Bakewell, Derbyshire.
Russell, Ebenezer Geer, Pool, Cornwall.

The following gentlemen also on the same day passed their first professional examination :—

Robert Dunstan and Alfred Matcham, Guy's Hospital; James Jackson St. Thomas's Hospital; Arthur Pythias Turnell and Edward Darby Wallis, University College.

ROYAL COLLEGE OF SURGEONS OF IRELAND: NEW REGULATIONS FOR THE DIPLOMA.—At a late meeting of the Council of this College, it was suggested that the following regulations should govern the examinations for candidates for the licence to practise surgery: — 1st. That the examinations should be divided into three portions instead of two, as at present. 2ndly. In the first examination, which would take place at the end of the second year, the candidates should be examined in anatomy —the bones, ligaments, muscles, and viscera,—and the elements of surgery. At the second examination, in anatomy —the arteries, nerves, and the brain; physiology; and materia medica. At the third and last examination, the candidate is to be tested in surgery, theoretical and operative; clinical examination by the bedside; and in his knowledge of bandaging, surgical apparatus, &c. The fees to be £5 at the termination of each of the first two examinations, and £15 at the last, making a total of £25 for the diploma in surgery. We understand the above rules, if they come into operation, will not become compulsory for two years from this date.

MEDICAL MAYORS.—The following members of the profession have been elected mayors for 1870-71 :— John Griffin, M.D., for Banbury; Evan Pierce, M.D., for Denbigh, fifth time; George Green Sampson, M.R.C.S. Eng., for Ipswich, re-elected; Lawrence Spencer, M.D., and F.R.C.S. Eng., re-elected for Preston; William F. Rooke, M.D., for Scarborough; Frederick Chambers, M.D., for Margate; Joseph May, F.R.C.S., for Devonport; Fortescue J. Morgan, M.R.C.S. Eng., for Stamford; Richard Ley, M.R.C.S., for South Molton; and Dr. John Tibbits, M.R.C.S., for Warwick.—*The Times.*

THE TYPHUS PATIENTS IN BERLIN.—There are about 800 patients in the shed hospitals of this capital, the men being placed in fifty separate sheds. Three distinct ones have, of late, been erected for the reception of typhus cases; but only two sheds are now occupied by 38 patients. This is a small figure when compared with the sum total of sick and wounded. It will appear still smaller when it is recollected that all the hospitals of Berlin are expected to send their typhus cases to the sheds above mentioned. The medical men in charge consider that, by means of isolating the men stricken down by fever, the spread of the disease has been arrested.

GLASGOW UNIVERSITY MEDICAL SOCIETY. — The annual business meeting of the above Society was held in the University on Thursday, November 17th, Mr. Robert Sinclair, vice-president, in the chair. The Secretary read the annual report, from which it appears that the Society is in a very flourishing condition, having doubled its membership during the year, and a large surplus remains in the hands of the treasurer. After a vote of thanks to the retiring office-bearers, the following gentlemen were elected for the current year:—Honorary President, Prof. Dickson; President, Robert Sinclair; Vice-Presidents, William Sneddon and James Glendinning; Corresponding Secretary, G. B. Clark; Secretary, John Highet; Treasurer, Robert Murdoch; Committee, W. C. Watt, James Smith, William Grant, Hugh Miller, William Leith, George Thomson, and James Adams. The proceedings closed with a vote of thanks to the chairman.

Medical Appointments.

ANDERSON, W., F.R.C.S.E., late House-Surgeon, Derbyshire General Infirmary, has been appointed Surgical Registrar to St. Thomas's Hospital.

ASHE, I., A.B., M.B., C.M., has been appointed Surgeon to the County Donegal Artillery Militia, and to the Letterkenny Bridewell, vice H. Thorp, M.D., L.K.Q.C.P.I., deceased.

BERESFORD, Mr. F., has been appointed Assistant to the House-Surgeon of the Staffordshire General Infirmary, vice Mr. Harrison, resigned.

BLYTH, A. W., M.R.C.S.E., has been appointed Surgeon to the Worcester Amalgamated Friendly Medical Society.

BOTT, T. B., M.D., M.R.C.S.E., has been appointed Medical Officer of Health for Bury, Lancashire.

CHRISTIAN, J. G., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Pelham District of the Bishop Stortford Union, vice C. Jenkyns, M.R.C.S.E., resigned.

COLLIE, A., M.D., has been appointed Resident Medical Officer to the Homerton Fever Hospital.

COUTTS, J., M.A., M.D., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Cuckney District of the Worksop Union, and the Third District of the Mansfield Union, vice John Housley, M.D., M.R.C.S.E., resigned.

CURRAN, J. W., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer for the Mansfield-Woodhouse, or No. 2 District of the Mansfield Union, vice J. Macnamara, M.R.C.S.E., deceased.

DAVIES, D., L.K.Q.C.P.I., M.R.C.S.E., has been appointed Surgeon to the Almshouses, Gwydyr Charity, Llanrwst, and Certifying Factory Surgeon for Llanrwst, vice W. Hughes, M.R.C.S.E., deceased.

EVANS, E. T. R., M.R.C.S.E., has been appointed to the office of District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, vice H. Boddy.

FLUDER, A. E., M.R.C.S.E., has been appointed Medical Officer for the North Repps District of the Erpingham Union, Norfolk.

GAYTON, W., L.R.C.P.Ed., M.R.C.S.E., has been appointed Resident Medical Officer to the Homerton Small-pox Hospital.

GRATTAN, J. S., L.K.Q.C.P.I., has been appointed Assistant Medical Officer to the West Derby Union Workhouse, Walton.

GREEN, Mr. J., has been appointed a House-Surgeon to the Royal Infirmary, Edinburgh.

HORSLEY, H., M.R.C.S.E., has been appointed a Surgeon to the General Hospital, Croydon, vice J. S. Johnson, M.R.C.S.E., resigned.

IRVINE, J. W., M.D., has been appointed Medical Officer to the West Derby Union Workhouse, Mill-road.

MAHON, T., L.K.Q.C.P., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Crossmolina Dispensary District of the Ballina Union, Co. Mayo, vice W. H. Stock, L.K.Q.C.P.I., L.F.P. & S. Glas., resigned.

PRIESTLEY, H., L.R.C.S.Ed., has been appointed Assistant House-Surgeon to the Sheffield General Infirmary, vice Patton, resigned.

REID, R. B., L.R.C.S.Ed., has been appointed Medical Officer to the West Derby Union Workhouse, Walton.

ROBERTS, W. L., M.R.C.S.E., has been appointed additional Resident Medical Officer to the Bradford Infirmary, Yorkshire.

SHARP, J. A., L.R.C.P.L., M.R.C.S.E., has been appointed House-Surgeon to the Derbyshire General Infirmary, Derby, vice W. Anderson, L.R.C.P.L., F.R.C.S.E., resigned.

TELFORD, A. B., M.D., L.R.C.P.Ed., has been appointed Medical Officer for the Pilkington District of the Bury Union, vice W. S. Birnie, M.D., C.M., deceased.

TURNER, W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the St. James's or No. 1 District of the Poole Union, vice E. Lacy, F.R.C.S.E., deceased.

Births, Marriages, and Deaths.

BIRTHS.

CROFT.—On the 11th inst., at Bicester, Oxon, the wife of John H. Croft, M.R.C.S.E., of a daughter.

ELLERY.—On the 16th inst., at the Shrubbery, Axminster, Devon, the wife of H. J. Ellery, M.D., of a daughter.

MARTIN.—On the 18th inst., at Cambridge House, Portsmouth, the wife of J. H. Martin, M.D., of a son.

MORTON.—On the 22nd inst., at Greville-road, Kilburn, the wife of Thomas Morton, M.D., of a daughter.

MARRIAGES.

CHURCHILL—FORBES.—On the 15th inst., at Weston-super-Mare, George Fleetwood Churchill, M.B., Army Medical Staff, to Mabelle, daughter of the late Rev. Wm. Forbes.

EDWARDS—THOMAS.—On the 22nd inst., at the Parish Church, Llanbadrig, Anglesey, E. P. Edwards, Surgeon, of Plas-Llanfignel, Llanfachreth, to Miss Margaret Ann, second daughter of O. Thomas, Esq., of Neuadd, Llanbadrig.

DEATHS.

BELL.—On the 13th inst., Wm. Bell, M.D., of Garstang, Lancashire, aged 81.

DOW.—On the 21st inst., at Keith, John Dow, M.R.C.S.E., of Newgate-street.

EARLE.—On the 23rd inst., at Newhall-street, Birmingham, James Lumley Earle, M.D., youngest son of the late Lieut.-Colonel J. L. Earle, of the Indian Army.

HENSON.—On the 16th inst., at Hull, Charlotte Mary Rossell, the beloved infant daughter of S. Rossell Henson, M.R.C.S., &c.

PICKEN.—On the 19th inst., at Sheerness, Algernon Hoyland, the infant son of Dr. R. Picken, R.N., aged 9 months.

TAYLOR.—On the 18th inst., Francis Taylor, M.R.C.S.E., of Romsey, aged 59.

WEST.—On the 17th inst., at Alford, Lincolnshire, Robert Uvedale West, M.D., aged 60. Friends will please accept this intimation.

Medical Diary of the Week.

Monday, Nov. 28.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Casual Communications.—Mr. Spencer Watson "On Squint, with an Analysis of 119 Cases."

Tuesday, Nov. 29.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Wednesday, Nov. 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, Dec. 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 12; other Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. T. Ballard, "On Apoplexy."

Friday, Dec. 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Dec. 3.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

THE LONDON SCHOOL BOARD.

THE election of representatives for the new School Board of London is creating at this moment as much excitement as a general election. Crowded meetings gather every night to hear the addresses of the competitors, and we are bound to say that in so far as concerns the social and physical well-being of the great metropolitan centre, the subjects brought under discussion are even paramount to what are usually discussed in the course of a parliamentary contest. Up to this time the members of our own profession have taken less part in the controversy than had been expected of them; but now they, too, are moving in earnest, and will, no doubt, exercise a considerable influence. In the Marylebone division, Mr. Hepworth Dixon, who, though not a medical man, is well known, like the late Mr. Charles Dickens, to have strong and earnest sympathies for medicine, and has a host of friends in medical circles, is the most popular candidate, and, taking into consideration all his qualifications, as writer, traveller, scholar, deservedly so. In the City, Mr. G. W. Hastings, son of the late Sir Chas. Hastings, founder of the British Medical Association, seems to have every chance of success, Mr. Edwin Chadwick having retired. In Westminster, Sir Charles Trevelyan has, we believe, made most way. The result of the elections will be important in showing the working of the ballot and the cumulative vote. In England the ballot has never before been tried on so large a scale as it will be next Tuesday; and the cumulative vote, though it has been in successful operation in the election of the Upper House at the Cape of Good Hope, is altogether new and experimental in the mother country.

Omega.—There seems to be no sufficient ground for a prosecution. There must be evidence of the false use of a medical title.

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Can any of your numerous naval readers inform me what number of ships on tropical stations are without their full complement of medical officers? I am, Sir, yours, &c.,

St. Bartholomew's Hospital, Nov. 18th, 1870. M.R.C.S.

OLD ST. THOMAS'S HOSPITAL.

SOME very curious facts relating to the earlier history of St. Thomas's Hospital are given by Dr. Stone in the volume of the Reports of that institution just issued; they have been collected from various sources, and interwoven together into a short history of the old hospital. The origin of the hospital is ascribed to circumstances more or less accidental. In the year 1207—according to some, 1212—a fire in the Borough of Southwark destroyed the Priory of St. Mary Overies, and the Canons thereupon built a hospital in the immediate vicinity, in which divine service might be celebrated until the Monastery was rebuilt; after which the Bishop of Winchester removed the hospital, in 1215, to a spot where two years before the Prior of Bermondsey had built an almonry for indigent children and needy proselytes, and he dedicated it to St. Thomas, calling it "The Spittil of St. Thomas the Martyr of Canterbury," in honour of Thomas à Becket, whose shrine at that time attracted thousands to Canterbury, the road thither passing the hospital. In 1462 the Prior of Bermondsey gave the hospital over to a President, a Master, and Brethren, and at this time it contained forty beds for poor, infirm, and impotent persons, who had food and firing given them. Originally the Bishop of Winchester had endowed the institution with land worth three hundred and forty-three pounds a year. Henry VIII., in seizing the monasteries and abbeys of the country subsequent to his excommunication by the Pope, claimed St. Thomas's Hospital as church property. Sir Thomas Gresham, the Lord Mayor of London, petitioned that the three hospitals of St. Bartholomew, St. George, and St. Thomas might be handed over to the City authorities for the benefit of the sick; but the petition was not granted, save in reference to St. Bartholomew's Hospital. The King intended St. Thomas's Hospital to be called the Hospital of Holy Trinity, and to receive sick soldiers. The citizens of London, however, bought some of its landed estates, and the remainder of the hospital and its land passed into the hands of the City of London in King Edward's reign, and, with his consent, became one of the Royal Hospitals founded at that time. The great fire of London injured St. Thomas's somewhat, and it was found necessary to rebuild it after a while; and in 1693 and the following year a long list of subscriptions was made up, Sir Robert Clayton, whose statue still exists, giving largely. Sir Robert founded the old square. In 1707, Mr. Guy added three wards at his own cost, and in 1717 the back block of buildings facing Guy's Hospital was erected. Two large blocks, making the Borough frontage, were added in 1833; but otherwise the building remained unchanged till purchased by the railway that now possesses its site. In 1819 there wer 453 beds. As regards the medical school, the earliest mention of it relates to an apprentice in 1561; but little is said on this point till 1702, when a law is known to have existed, allowing of dissection only by permission of the treasurer. Cheselden gave the first lectures in 1718, at his own house first of all. In 1723 the pupils were regularly entered, and three years later Guy's Hospital first received patients. In 1751 the assistant-physician was permitted to take two pupils. Mr. Else, who founded the anatomical portion of the school, gave lectures in 1768, and after 1781 Mr. Cline joined him, and became surgeon to the hospital in 1788, whilst Sir Astley Cooper became Mr. Cline's apprentice in 1784. Dr. Stone gives some interesting facts relative to the changes in the school and its relation to Guy's subsequent to this time. He also affords curious information relative to the construction and the practice of the hospital about a century and a half ago, from the work of a certain "Theophilus Philanthropos"—in fact, a mass of details which not only by the *alumni* of St. Thomas, but by any who are at all imbued with a taste for historical lore, will be read with much interest.

Dr. Cameron.—Thanks. The request shall be attended to.

ETHICS OF THE PROFESSION.

To the Editor of THE LANCET.

SIR,—I need not reply at great length to the charges contained in Dr. Riding's letter in THE LANCET of last week. My friends in the profession are well aware that my practice is so extensive that I could have no object in attempting to deprive him of a patient in the manner he suggests. Dr. Riding, from the time I was called in, has misunderstood every incident, and has exaggerated my acts into sinister designs against himself.

On my first and only visit to Captain F——, I was begged to take charge of the case; but I distinctly refused, and stated it would be unjust to take it out of Dr. Riding's hands. I was assured that Dr. R. had fully consented I should do anything in my power to relieve the patient (this he admits in his letter to you); and finding upon examination, in addition to his other symptoms, he was suffering from distension of the bladder, I introduced a catheter, and drew off a large quantity of urine. This measure greatly relieved him. The friends who were present were certainly much impressed by the visibly favourable effect of the operation. I apprehend this act was "the head and front of my offending." Every charge of Dr. Riding's is at variance with the facts; and, as an instance, I may mention that, so far from stating the patient was not suffering from heart disease, a reference to the certificate of death will prove that disease of the heart was registered as one of the causes. On receipt of the letter of complaint, I wrote Dr. R. a polite reply, offering him a full explanation of my conduct. He came to my house, and met the two friends who were more or less constantly with the patient during his illness, and who were present at my only visit. They were anxious to explain to Dr. R. that nothing with an unfriendly intention had been meant on my part. He, however, was much too excited to listen to our narrative; and after completely losing his temper, and giving both gentlemen the lie direct, left my house, threatening me with an exposure of my unprofessional behaviour in your columns.

I remain, Sir, your obedient servant,

Sussex-square, Nov. 22nd, 1870. WALTER J. BRYANT.

THE ENGLISH AMBULANCE.

THE English ambulance, it has been said, arrived at St. Germain with the taint of a great imprudence in its constitution. The drivers were Frenchmen, and, by all accounts, an idle, drunken, disorderly set of fellows. It was, of course, more than could be expected of human nature that the presence of Frenchmen should have been acceptable to the Germans at their head-quarters, or that the Frenchmen should have been able to make themselves popular under such circumstances. We presume that it was not easy to procure drivers from England. However that may have been, it was, we are informed, the arrangement of the "Red Cross Society"; and although the medical officers felt that their French drivers were a source of much annoyance and trouble, it was impossible to substitute others. For the ambulance to have proceeded to Luneville would have been foreign to the purpose which the Society had in view in sending it out—viz., the succour and treatment of the wounded. The conflict of authority that arose was of a very simple kind, and such as might have been easily foreseen had it been known that the German surgeons would have claimed the right to inspect, administer the affairs, and alter the arrangements of the hospital and the treatment of the patients. The ambulance was fully equipped in every respect, having a large medical staff, and an ample supply of stores of all sorts; and the surgeons accompanying it naturally expected, as medical officers trained to habits of military discipline, that they would have been left to administer their own affairs in subordination to their own head. As this could not be carried out, it was thought best to avoid all difficulties by handing over the patients to the medical charge of their own countrymen. The English surgeons, although unwilling to subject themselves to a constant control and supervision of the German medical authorities, extending to the smallest matters of detail, perfectly understood, and to a certain extent sympathised with, the position taken up by the German medical staff. That portion of the ambulance which proceeded towards Orleans may render good service if the staff can only succeed in keeping the horses and drivers together, and in procuring the necessary supplies for both. From all we can learn, the ambulance would have secured a better position if Dr. Guy could have succeeded in obtaining an interview with the Crown Prince, who is especially courteous to our countrymen, and desirous of showing that he estimates aright the efforts that have been made to relieve the sufferings of the wounded. Mr. George D. Thomas, who accompanied the convoy of goods destined for the English ambulance from Havre to Versailles, states that he was compelled, after encountering many and great difficulties in the journey, to leave four waggon-loads of provisions behind at Guillon. The people would not permit any food to be forwarded to Versailles. Neither they nor the French authorities knew anything of the Geneva Convention; but they were fully alive to the fact that the Germans, to whom their enmity becomes every day more bitter, were at Versailles. Owing to this, that section of the ambulance which set out for Orleans was unprovided with all the most essential articles of food.

JOHN.—Our correspondent had better consult a solicitor.

CHANGES AFFECTING GENERAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—In your issue of last week I have read with interest an able argument by "Medicus" on the "Changes affecting General Practitioners," in which he argues that because the standard of education is being improved before the minimum qualifications to practise medicine and surgery are granted, they are thoroughly qualified to conduct post-mortems and judge of healthy and unhealthy structures. I think the frequency for such examinations is not such as to warrant the ability of general practitioners in such matters being equal to what might be expected from one specially engaged in this department, granting they started in professional life even with equal legal status; and, doubtless, this fact gave origin to the anticipated change and remedy.

With regard to the advantages of apprenticeship, if limited to about two years, I entirely concur with the views expressed.

The third matter of comment by "Medicus" would cause one to believe that jealousy has led him to rather unkindly accuse a young M.D. with a surcharge of vanity from having obtained by successful examination at a university a distinction and title to which he, the writer, is not entitled, from having shrunk from a similar voluntary test of professional knowledge. La Rochefoucauld said: "Minds of moderate calibre ordinarily condemn everything which is beyond their range."

Yours, &c.,
Cornwall, Nov. 21st, 1870. A GRADUATE.

LICENCES IN MIDWIFERY.

L.M. says that, in addition to the Colleges of Physicians and Surgeons in Ireland and the College of Surgeons of England, two other institutions in Dublin are specially chartered to grant licences in Midwifery—viz., the Lying-in Hospital, chartered by George the Second; and the Coombe Lying-in Hospital, recently chartered by the Queen.

ENLARGEMENT OF THE THYROID GLAND.

To the Editor of THE LANCET.

SIR,—Will any of your gentle readers furnish me with their views of the special pathology of acute enlargement of the thyroid gland? Is the same cause in action to produce the more chronic form of the disease? It is often referred to the peculiar nature of the drinking-water in certain districts. But can it not as frequently be placed to the account of blood or other systemic disease, such as disease of the heart or great vessels? Do cases occur in all parts of the country independent of particular localities? What are generally the most serviceable remedies?

Yours, &c.,
November 22nd, 1870. VIGILANS.

CARBOLIC ACID AN ANÆSTHETIC.

DR. J. H. BILL, Surgeon, U.S. Army, according to *Hay's American Journal of the Medical Sciences* for October, while conducting some investigations on the action of carbolic acid, discovered that it possesses considerable powers as a local anæsthetic. He relates several cases in which it was successfully employed in preventing or greatly mitigating pain. In a case in which he operated on a patient's finger he proceeded thus:—The finger was soaked for fifteen minutes in warm water containing three per cent. of carbolic acid, dried, and then a brush, dipped in the concentrated acid, drawn over the finger in the line of the intended incisions. These, two in number, were then made by a slow sawing motion of a thin-edged scalpel; and the patient stated that he had suffered no pain, or not more than would have resulted from handling the parts. Sometimes it is necessary, after making an incision nearly through the integuments, if sensibility becomes apparent, to brush out the wound made with some liquefied acid before deepening the incision. This was necessary in a palmar abscess treated by this method without pain. According to Dr. Bill's experience, an incision of the integument is painless, except where a nerve is pricked or divided; and he thinks this plan can be followed in any cutting operation of a minor character where no dissection of the skin is required. He appears to have been first led to pursue this subject about a year ago from having noticed the curious anæsthesia which followed the tingling sensation at the finger-tips after handling carbolic acid. On trying to determine the amount of this anæsthesia with an ordinary æsthesiometer, it was found that it was impossible to distinguish the presence of even one point of the instrument. Mr. Erasmus Wilson has published some observations of a similar character, and we happen to know that the local anæsthetic action of carbolic acid was fully recognised and discussed several months ago by some of the medical staff at Netley. It is possible that the inventive brain of Dr. Richardson may succeed in turning this observation to some practical account.

THE request of *Dr. Farquharson* (Rugby) shall receive attention.

NOVEL APPLICATION OF SEA-TANGLE.

To the Editor of THE LANCET.

SIR,—Will you allow me to make a few remarks upon a case described in last week's LANCET, under the heading "Novel Application of Sea-tangle."

In the first place, it is exceedingly rare to meet with a palatal fissure as small as that spoken of which cannot be closed by ordinary surgical treatment; and in the second place, should such treatment fail, I can conceive nothing which would be less permanent in its result, or which indeed would be more certain to aggravate the mischief it was intended to remedy, than the apparatus described. The closure of a cleft of the palate by a plug is found speedily to set up irritation, leading to ulceration of the edges, and consequent gradual increase of size of the aperture; and this happens even when the instrument is constructed of a material not readily acted upon by the secretions of the parts, and when it is frequently removed and cleansed. The injury inflicted becomes much greater when the plug is practically immovable, and when it is composed of materials such as sponge or sea-tangle, which are rendered soon foul by the decomposition of adherent shreds of mucus and particles of food.

Thanks to the labours of dental surgeons, who have devoted themselves more especially to the mechanical treatment of cleft palate, and who have at the same time not forgotten that their appliances have to remain in contact with delicate living secreting structures, the closure of clefts of the palate is now most successfully carried out by means of obturators constructed of vulcanised india-rubber of various suitable degrees of hardness. To apply "a sponge-tent fixed to the upper surface of a gold palate-plate" is certainly not the ordinary treatment of these cases; but, on the contrary, being open to all the objections I have already mentioned, has long been out of date. Neither is it, except perhaps in rare cases, desirable or necessary to support the instrument by fastenings to the teeth. Should, however, any of these organs be absent in the upper jaw, it is good practice to extend the palate-plate to the alveolar border, and attach artificial substitutes in the usual manner.

Your obedient servant,
Wimpole-street, Nov. 21st, 1870. HENRY SEWILL.

Assistant-Surgeon.—We are not aware of the existence of any recent manual on the subject answering to the description given by our correspondent. The work by Professor Hamilton is a good one. Mr. Longmore's article on Gunshot Wounds is published in "Holmes's System of Surgery."

Y. Retrof.—The sound should be invariably that of "i" in both the cases named.

CHLORAL HYDRATE IN PERTUSSIS.

To the Editor of THE LANCET.

SIR,—In reply to "Medicus," allow me to state that I have had two cases of pertussis under treatment with chloral hydrate for about ten days, aged respectively two and five years. The younger one may be said to be quite convalescent, and in the elder the paroxysms have been reduced to two or three in the day, and they are much less severe than they were. The following is the form in which I have given it:—Chloral hydrate, two scruples; simple syrup, half an ounce; peppermint water, three ounces: two drachms the younger, and three drachms the elder, every four hours. I have also applied counter-irritation to the chest and back night and morning by the following liniment: The yelk of one egg, half an ounce of acetic acid, and three ounces each of spirit of turpentine and water.

I am, Sir, yours respectfully,
Rotherham, Nov. 23rd, 1870. W. J. SMITH, L.S.A. Lond.

To the Editor of THE LANCET.

SIR,—In answer to "Medicus," I would say that in January and February last I had the opportunity of trying the effect of various remedies in pertussis, and found chloral hydrate one of the *least* effective, though used in almost all doses.

Yours obediently,
November, 1870. IGNOTUS.

THE LIMITATION OF INFECTION.

It would probably be within the mark to say that, if the powers given by the 36th section of the Sanitary Act were vigorously enforced, the result would be seen before a twelvemonth's lapse in a reduction by one-half of the number of attacks of infectious diseases, and a like diminution in their fatality. Were it not for proved facts to the contrary, it would almost seem incredible that such a case as was brought last week by Dr. Whitmore, the medical officer of health for Marylebone, into the Marlborough-street Police Court, could really happen. A nurse, who had been attending a child that died of small-pox, was instructed by the parents to take away and destroy certain articles of bedding which had been in use by the deceased. Instead of doing as directed, she took the articles to her own home, and afterwards sold them for the paltry sum of ninepence to a marine store dealer, in whose shop they were found, evidently never having been disinfected in any way. It is Dr. Whitmore's invariable practice to send one of his inspectors to inquire into and report to him, in reference to every case of infectious disease, as to what steps (if any) have been taken by the persons concerned to prevent the spread of the infection, and it was in this way that the woman above referred to was found out. Dr. Whitmore at once took proceedings against her; and the magistrate, rightly stigmatising her conduct as abominable, convicted her in the full penalty of £5, with a month's imprisonment in default. In Marylebone there is not the least excuse for the neglect of disinfection, as the parish authorities have provided a disinfecting apparatus for the use of anyone requiring it. It would be a good plan to have the particulars of this conviction printed in a handbill, and posted or distributed freely in the poorer neighbourhoods of London, *pour décourager les autres*.

Expectans.—Probably next week.

ECTOPIA CORDIS.

To the Editor of THE LANCET.

SIR,—If you think the following account of a not very common malformation which occurred in my midwifery practice would interest the numerous readers of THE LANCET, I shall feel obliged by its insertion.

I was sent for on October 9th, 1870, about 5 A.M., to attend MRS. W. T——, aged twenty-two years, second pregnancy. A full-grown female child was born about 7 A.M., and cried lustily as soon as the head passed externally. On examining the body of the child, the heart was seen resting on the walls of the thorax, and beating vigorously. About four hours after the birth I made a careful examination, and found the heart contracted 134 times in a minute. During each contraction the whole substance of the heart retained its normal size and shape, except a slight depression about half an inch from the heart's apex, which took place during the ventricular systole, into which the point of the little finger could be placed at each pulsation. The heart was tilted upwards, with a slight rotatory motion from left to right. No movement whatever could be detected in the auricles. When the child cried, the walls of the heart became congested, and it remained tilted up. Moderate pressure with the fingers did not keep it down, and produced no apparent effect upon the child. On applying the stethoscope lightly over the base of the heart, a distinct bellows sound could be heard, but only one sound; there was no second sound that I could distinguish. Respiration natural. The child lived for forty-eight hours, so that I had several opportunities of observing it, and noted the same phenomena each time.

Autopsy six hours after death.—Body fairly nourished; average-sized female child. Left foot the subject of talipes varus. Heart situated externally on the median line of the wall of the thorax; on lifting it up, an aperture about one inch in diameter was seen, through which it had escaped. The aorta and other vessels were firmly adherent to the integuments. No sternum. By making a circular incision, I was able to remove the heart, bloodvessels, lungs, &c., completely. The heart itself was well formed, and free from disease. The aorta was directed upwards and backwards for nearly an inch and a half, and then divided into two branches; one branch, the right, ascended, and gave off the subclavian and carotid arteries; the left descended, and gave off the pulmonary and abdominal vessels. I could only find one coronary artery. The lungs and the abdominal viscera were healthy. Head not examined. Your obedient servant,

Waltham Abbey, November, 1870. ARTHUR PRIDDY.

THE valuable communication of *Dr. J. Hawkes* on "Delusions and Hallucinations" is in type.

M.D.—The advertisement was official. A complaint should be made to the guardians on the subject.

A CASE OF UMBILICAL HEMORRHAGE.

To the Editor of THE LANCET.

SIR,—At 3 A.M. on the 15th November I was summoned to see a child at whose birth I had been present nine days previously. I was informed that the navel had burst. I reached the house in a few minutes, and on making an examination found the child's clothes saturated with blood, and a small, bright-red stream issuing from a very minute orifice in the umbilicus. The application of a styptic and compress checked further hæmorrhage; but the loss of blood had been too great for the little patient's strength, and he died in about half an hour. The funis, wrapped up in the usual way in linen rag, had not separated on the previous day; but the nurse, who had seen it then, declared it to be in a healthy condition, and that it looked as if it would become detached on the following day.

The simple explanation of this unlooked-for and most unfortunate occurrence would seem to be that the mother, in lifting her child some fifteen minutes previous to the discovery of the hæmorrhage, had displaced the funis, thereby causing its sudden separation before the reparative processes which nature has set up had been completed. The detached funis I found among the child's clothes. The possibility of such an accident had not previously presented itself to my mind, and in the course of my reading I do not recollect having seen it referred to.

Can any of your readers who may have met with a similar case offer any suggestion as to how such an unfortunate occurrence may be avoided in future?

I am, Sir, yours obediently,

Glasgow, Nov. 19th, 1870. J. R. BUCHANAN, L.F.P. & S.G.

DWELLINGS FOR THE WORKING CLASSES.

BELIEVING as we do that it is of comparatively little avail to preach to the poor inhabitants of large towns about the virtues of cleanliness as long as the majority of them are constrained to dwell in dark, dirty, unwholesome houses—hovels, rather,—we observe with hopeful satisfaction that the Industrial Dwellings Company, which was started by Sir Sidney Waterlow eight years ago, continues to extend its operations. Last week a new block of buildings belonging to the Company was formally opened at Pimlico, under the auspices of the Duke of Cambridge and a distinguished assemblage. This block will accommodate 175 persons, making altogether 1000 tenants for whom the Company has provided well-arranged, healthy, and commodious dwellings, at a rental which the working man can afford to pay, and which, moreover, brings in a regular dividend of 5 per cent. on the capital invested. It is something to know that possibly one in twenty or thirty of the working men of London is decently lodged; and although the question "What are they among so many?" naturally suggests itself, we must be content to hope that the example and success of Sir Sydney Waterlow's efforts will exercise increasing influence upon capitalists, who may be assured, in the language of the *Daily News*, that "such an investment of money is not only patriotic, but profitable—is not only philanthropy, but business."

Dr. Decimus Curme.—Too late for this week.

TREATMENT OF CHILBLAINS.

To the Editor of THE LANCET.

SIR,—At this season of the year chilblains begin to torment the young, and occasionally the old also. A remedy which has surprising effects upon chilblains, especially in their irritating, tormenting stage, is sulphurous acid. The acid should be applied either with a camel-hair brush, or, better, by means of a spray-producer. One application by the latter method usually effects a cure. I use a Clarke's spray-producer for such applications as can be made, using both hands; but where it is required to have a hand free, I find the ordinary Richardson's instrument the best. Instead of using a bottle, I insert the cork of the apparatus into a test-tube, which can be readily gripped with the caoutchouc ball in either hand, and a satisfactory spray produced. I see advertised in last week's LANCET a spray producer, which can be worked with one hand; but it looks rather formidable. The test-tube arrangement is much simpler, and has the great advantage of portability. It is essential to pass water through it after every time of using. The sulphurous acid should be used pure for the spray application to chilblains. A good wash for hands or feet affected with chilblains is, sulphurous acid, three parts; glycerine, one part; and water, one part.

I am, Sir, yours faithfully,

November 21st, 1870. WALTER FERGUS.

F. W. D.—In the event of the occurrence of war, a number of medical men will be wanted; but the public services require that medical candidates should possess a double qualification in medicine and surgery.

Dr. W. S. Millar.—At Hansard's.

Dr. J. Milner Fothergill's (Leeds) paper on "Cardiac Irregularity" shall be concluded in the current volume.

DISTRESSED BRITISH SUBJECTS.

To the Editor of THE LANCET.

SIR,—British subjects are daily arriving here from Paris, many of whom are unprovided with funds to proceed further, and necessarily suffer from want, or press on the already hard-strained charity of the residents, many of whom are fellow-sufferers. Count Blücher, the Sous-Prefect, gave 100 francs yesterday to two half-starved English clerks, who had walked all the way from Paris to Nogent, but expressed his regret that he is unable to continue such assistance to those similarly situated. I have done all in my power to help those who have applied to me; but my limited means prevent me from meeting the numerous applications. Any gentleman coming out here for the purpose referred to may rely on any assistance I can give. What is done should be done at once. "Bis dat qui cito dat."

I am, Sir, yours truly,

GUSTAV ADOLPH ANRATH, M.D. &c. of Sunderland,
Königlicher Preussischer Etappen Arzt in the 3rd Army
in Epernay.
Bureau at the Railway Station.

Epernay, November 14th, 1870.

P.S.—As many English with the German army in France have had their letters from England lost, I would suggest the persons writing to friends with the German army in France should address their letters *viâ* Prussia, so as to avoid the possibility of their being sent by a French route.

ON THE EFFICACY OF BELLADONNA IN CERTAIN AFFECTIONS OF THE GENERATIVE ORGANS.

To the Editor of THE LANCET.

SIR,—Judging by the excellent effect which belladonna affords in cases of incontinence of urine, I was induced to try it some months ago in nocturnal emissions, and also in those so-called cases of spermatorrhœa consequent upon the loss of tone and irritable state of the generative organs, with very beneficial results, even in extreme cases. I generally prescribe it alone in gradually increasing doses until the desired effect is produced; but occasionally give it in combination with quinine or the tincture of muriate of iron, but not with better results, as I have reason to believe that in some instances the iron has a tendency to neutralise the efficacy of the belladonna. Without entering into the details of the various cases, I may mention that the belladonna seems to possess a decided superiority over the iron in soothing the irritable state of the generative organs which is generally found in these cases, and also in not producing congestion and constipation. It also seems to possess some slight aphrodisiac properties.

Your obedient servant,

Brixton Dispensary, Nov. 17th, 1870. R. M. JONES, M.R.C.S.E.

A CAPTAIN TURNED SURGEON.

WE are informed by *Dr. Wm. Deeley*, of Liverpool, that the late Captain Cutting, formerly of the steamship *Idaho*, who was found dead in his chambers at Liverpool, was the individual that was referred to many years ago in the pages of THE LANCET under the heading of "A Captain turned Surgeon." It appears that Captain Cutting fell in with a vessel in distress at sea, the crew being disabled, and the master of the ship suffering from mortification of the leg. There being no medical officer on board, Captain Cutting amputated the limb above the knee. He subsequently brought the crew to Liverpool, and showed his patient to some of the staff of the Northern Hospital, who pronounced the stump an excellent one. The Board of Trade presented him with a handsome glass in acknowledgment of his courage and skill.

Dr. Corner's letter shall be inserted next week.

THE EXAMINATIONS OF THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The Council of the Royal College of Surgeons have made great changes as regards the examinations. It is very rare that a man who is "badly up" gets through now-a-days; but it does happen that men who are considered "well up" by their hospital teachers get "plucked," much to their friends' and their own disgust. Another well-authenticated fact is, that candidates get on better at the second table than at the first. The cause of this is obvious. Men when they are first placed in front of the examiners are sometimes so nervous and excited that they answer wildly: the first ten minutes elapse; a bad mark is set against them, and they proceed to the second table, where they get on very well. I believe that if the rejected ones were called in again, and another chance given them, the examiners would be astonished at the difference in the answers. This fact is so well known abroad, that in some foreign universities, if there is any doubt about the candidate's knowledge, he is called back into Court after the examinations are over, and subjected to a new and more searching examination. By that time he is more himself again, answers quietly and coolly, and often shows himself a more worthy candidate for the diploma than some of those who have passed earlier in the evening. Why should not this system be adopted by the Royal College of Surgeons? I am sure that in the Court of Examiners many a gentleman would go home far happier if, by consecrating half an hour to the re-examination of a rejected candidate, he found that he had been mistaken as to his acquirements, and could allow him to pass.

Your obedient servant,

November, 1870. A PLUCKED ONE.

Mr. Thos. Costley, (Manchester.)—1. An inflammatory enlargement of the glands occasionally ensues, unconnected with any venereal disease, from constitutional causes, injuries, violent exertion, or exposure to fatigue. The progress of the affection is generally slow, and often ends in indolent suppuration.—2. The professional titles are correctly given according to the Medical Register; but the address is not identical with that in the Register.

Dr. Warden's communication has been received.

MEDICAL ETIQUETTE AND SANITARY LAWS.

To the Editor of THE LANCET.

SIR,—Will you oblige me by giving an opinion on the following case:—As Poor-law medical officer, I had been for some weeks attending a family with typhoid fever in a cottage on the Royal estate at Sandringham. The father and mother were rapidly becoming convalescent, one child was very ill, one child had died, and four were as yet unaffected, but had been constantly in the same room with the other patients. I called at the house on Friday, the 11th instant, and was told that my patients were to be removed to the Lynn Hospital by the order of Mr. Kendall, surgeon, of Lynn, who had that morning been to see them, and that the other children were to be removed to the workhouse. As medical officer of the workhouse, I declined to admit them, for fear of contagion, as there is no provision for infectious cases in the workhouse, and I understand that the hospital authorities pursued the same course for a similar reason.

As a matter of etiquette, was Mr. Kendall right to order the removal of my patients without consulting me? From a sanitary point of view, was it right to mix these people with a healthy community, when it was previously confined to an isolated cottage?

I may add that the patients did not wish to go; but said they were afraid to refuse, as they lived under the Prince.

I am, Sir, yours faithfully,

Grimston, Lynn, Norfolk, Nov. 23rd, 1870. ALFRED E. BARRETT.

*** There can be no doubt that Mr. Kendall was bound, in common medical courtesy, to have consulted Mr. Barrett before giving any order respecting patients under his charge. As for the question of infection, we cannot understand the fears entertained by Mr. Barrett and the authorities of the Lynn Hospital. Typhoid fever is *not* infectious in the ordinary sense of the word, and may quite safely be mixed with other cases, provided the evacuations are promptly removed from the ward.—ED. L.

AID TO THE SICK AND WOUNDED.

To the Editor of THE LANCET.

SIR,—My friend, Dr. Brandt, of Oporto, who has been actively exerting himself on behalf of "the sick and wounded in war," has forwarded to me the following "list of donations collected after his appeal to the Portonians," with a request that I will forward it to you for publication:—

535 new shirts, 222 new sheets, 500 pillow-cases, 150 pairs of list shoes, 20 warm jackets, 4 cases of charpie, 1 case of compresses, 1 case of bandages, 1 case of old linen, 1 case of sundries, 250 cigars, 1 roll of tobacco, 1 box of dried fruit.

Wine.—9 quarter casks, 1 tenth do., 189 dozens, 10 bottles, 24 doz. half bottles; 200 dozen in all.)

I am, Sir, yours, &c.,

HORACE DOBELL, M.D.

Harley-street, Cavendish-square, Nov. 18th, 1870.

Inquirer, M.D., F.R.C.S., and others.—Before a superannuation allowance—which must not exceed two-thirds of the medical officer's salary—can be granted by any Board of Guardians, the medical officer must have reached the age of sixty, have held office under one Board continuously for twenty years, and obtained a certificate from the Poor-law inspector that, in his opinion, such officer has by reason of infirmity of mind or body become incapable of performing the duties of his office with efficiency. He must also have resigned his appointment ere his case can be considered by the Board in whose service he has been. Such is the law as it stands at present. It is hoped, however, that in that revision of our general Poor-law system which is looming in the not distant future, very considerable modifications will be made in an enactment which was passed as much in the interest of the poor and the ratepayer as in that of the medical officer.

THE O. W. FUND.

DR. RICHARDSON begs to acknowledge the following additional contributions to the above Fund:—

Sir W. Fergusson, Bart.	£1	1 0	Alfred Cooper, Esq.	£1	1 0
W. Roberts, Esq.	1	0 0	Dr. Griffiths, Camberwell	1	1 0
Dr. Whiteman, Putney	0	10 6	A Friend of Dr. Richardson's	10	10 0
Dr. Parkes, F.R.S., Netley	2	0 0			
R. Cecly, Esq., Aylesbury	1	1 0	H. Veasey, Esq., Woburn	1	0 0

Dr. F. W. Knapp's (New Brunswick) case of "Acute Hepatic Abscess" shall appear in an early number.

ERRATUM.—In Mr. Kiallmark's letter on page 725 of our last number, for "medium operation of the former author," read "*Médecine Opératoire* of the former author," &c.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. C. Allbutt; Dr. Dobell; Dr. Farquharson, Rugby; Mr. Shield; Dr. Brown; Dr. Evans; Mr. Stevens; Mr. E. J. Smith; Mr. Wilson, Uppingham; Mr. Alexander; Mr. Davies; Mr. Holland; Mr. Anderson, Derby; Mr. Mason; Mr. Wood, Peterborough; Mr. Priestley, Sheffield; Mr. West, Rathmullen; Mr. Gray; Rev. H. Jones, Cernaes; Mr. Holme; Mr. Clark; Mr. Allen, Penrith; Mr. Ramsden; Mr. White, Dursley; Mr. Barrett, Grimston; Dr. Morrison, Glasgow; Mr. Miller; Mr. Croft, Bicester; Mr. T. Costley; Mr. H. Sewill; Dr. Warden, Haulbowline; Mr. Vallence; Mr. Burke; Dr. Telford, Bury; Mr. Poulson; Dr. Abrath, Epernay; Mr. Mills; Mr. Whitfield; Mr. Hind; Dr. Thompson; Mr. Murray; Mr. Bauk; Dr. Burton; Dr. Male, Leeds; Mr. Empson, Carluke; Mr. H. Smith; Dr. Johnstone; Mr. R. Marshall; Dr. Coutts, Warsop; Mr. Dearden, Bolton; Mr. Fisher; Mr. Adamson; Mr. Price; Dr. Taylor, Penrith; Dr. Mouat; Dr. Syson; Mr. W. J. Bryant; Dr. Ellery, Axminster; Mr. R. Allen, Worksop; Mr. T. Bradfield, Ware; Mr. Henry, Ashford; Dr. Anderson, York; Dr. Buchanan; Mr. Hawkes; Dr. Black; Mr. Morris; Dr. Fothergill, Leeds; Dr. Millar, Accrington; Mr. Drew; Dr. Knapp, New Brunswick; Mr. Fergus; Dr. Perry, Glasgow; Dr. Williams, Norwich; Mr. Roberts, Stockport; Dr. Page; Dr. Fraser; Mr. Kiallmark; Mr. Phillips, Barnsley; Dr. Ferguson; Mr. Frean, Dorchester; Dr. O'Connor, Limerick; Mr. Purvis, Greenwich; Mr. Bennett; Mr. Curran, Mansfield; Mr. Bryan; Mr. Danvers, Lexington; Mr. Shaw; Dr. Curme, Child Okeford; Mr. Collier; Dr. MacCormack; Mr. Herbert, Okehampton; Mr. Wade; Mr. Burge; Mr. Young, Warrington; Mr. Blyth, Mitcheldean; Dr. Corner; Dr. Great Rex, Kidsgrove; Dr. Atkinson, Wakefield; Mr. Hartry; Mr. Edwards, Chelmsford; Mr. Ward; Mr. Southwell; Mr. Henson, Hull; Mr. Michael; Mr. Olding; Mr. Wilders, Birmingham; Dr. Baines, Dursley; Dr. Redwood, Rhymney; A Graduate; Vigilans; W.; A Glasgow Practitioner of many Years' Standing; Assistant-Surgeon; Veritas; M. B.; Y. Z.; Expectans; Medicus; F. W. D.; Truth; M.R.C.S.; L.M.; One of the Glasgow Medico-Chirurgical Society; Ignotus; Omega; Chemicus; A Plucked One; Inquirer; M.D.; Joan; X. Y. Z.; Alpha; O Tempora, O Mores; A. B. C.; Sedan; &c. &c.

Glasgow Medical Examiner, Cassell's Technical Educator, Western Mail, Epsomian, Irish Times, Saunders's News-Letter, Lancashire Opinion, Northern Echo, Photographic Review, Hampshire Telegraph, New York Medical Journal, Grumbler, Aris's Birmingham Gazette, North Wales Chronicle, Western Daily Mercury, and *New York Medical Gazette* have been received.

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